

**Eastern NC Baseball Camps
REQUIRED MEDICAL FORM**

NAME _____ **AGE** _____ **GRADE** _____

DATE OF BIRTH _____ **SCHOOL** _____

ADDRESS _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ **RELATIONSHIP** _____

PHONE: (c) _____

RELEASE

For Participation in Activity in College Department of Athletics Facilities

For the purposes of this document, herein after referred to as **“Release,”** the party intending to participate in the activity in Pitt Community College facilities shall hereafter be referred to as **“Participant.”** Pitt Community College, and its trustees, officers, employees and agents, acting within the course and scope of their duties, shall hereafter be referred to as **“College.”** The activity in the College Department of Athletics facilities that the Participant will participate in shall hereafter be referred to as the **“Activity.”**

Description of Activity: 2017 Eastern NC Prospect Camp

1. Release, Waiver of Liability, and Assumption of Risk: In consideration of the opportunity afforded Participant to participate in the Activity in the College Department of Athletics facilities, Participant hereby releases and forever discharges the College from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from or in connection with the Activity. Participant understands that this Release discharges the College from any liability or claim that Participant may have against the College with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from participation in the Activity. Participant understands and acknowledges that potential risks to health and personal property may be associated with participation in the Activity, and Participant voluntarily assumes those risks.

2. Medical Treatment and Preexisting Medical Conditions: Participant hereby releases and forever discharges the College from any liabilities, claims, costs and damages that arise or may hereafter arise on account of any first aid, medical treatment, or service rendered to Participant in connection with the Activity. Participant will take for herself or himself any appropriate precautions or medications to treat and/or reduce the likelihood of exacerbating any pre-existing health conditions, or insect, food or medication allergies.

3. NJCAA Compliance: By signing below, Participant acknowledges that they have not knowingly participated in or become aware of any violation(s) of NJCAA rules involving the College or individuals affiliated with or acting on behalf of the College. Participant’s signature below also indicates Participant’s agreement to immediately disclose to the Department of Athletics Compliance Office any NCJAA rules violation(s) of which Participant becomes aware.

4. Other: This Release shall be binding and legally enforceable against Participant and Participant’s heirs, executors, administrators, and legal representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

I HAVE CAREFULLY READ THIS RELEASE.

Name of Participant Signature _____

Name of Parent or Guardian _____

(If Participant is under 18)

Signature of Parent or Guardian Date _____

(If Participant is under 18)