



Core Catching Clinics/Camp

Liability Waiver

Camper Name _____ Age _____

Phone (H) _____ (M) _____

Address _____

City _____ ST _____ Zip _____

E-mail _____

Condition of Attendance: In consideration of Core Catching, allowing my child to attend, I (we), individually and as legal guardian(s) (and/or) parent(s) of _____, a minor, (“my child”) do hereby release, discharge, indemnify and hold harmless Core Catching and its owners, directors, officers, employees, agents, successors and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages, including without limitation: injury to my child, myself and/or property arising out of or incident to my child’s participation and/or attendance at Core Catching, whether caused in whole or in part by negligent act(s) or omission(s) of its owners, directors, officers, employees or agents. I do hereby authorize the staff of Core Catching to act for me according to their best judgment in any medical emergency for my child or myself.

DATE: _____

(PARENT/GUARDIAN SIGNATURE)