Ferris State University Emergency Authorization and Waiver Form

FORM TO BE COMPLETED FOR ALL PARTICIPANTS IN _____

Parent or guardian, please review, complete and sign these forms. The completed forms must be returned to the softball office no later than the start of the clinic.

EMERGENCY AUTHORIZATION FORM

I/We _____are the parent(s) or guardian(s) of _____ who is participating in the softball clinic at Ferris State University. In the event that I/we cannot be reached, I/we authorize the Director of this event or the acting person in charge of the event as well as athletic training staff of Ferris State Athletics and medical staff at Mecosta County General Hospital to make decisions regarding the emergency treatment of _____, including seeking and approving medical treatment. This Emergency Authorization is valid for Feb.11,2007, Feb.17,2007, Feb.18,2007, and/or Feb.25,2007.

Date Signature of Parent of Guardian Date Signature of Parent or Guardian

WAIVER OF LIABILITY FORM

In consideration of the use of Ferris State University facilities, the undersigned understands that, as the parent/guardian(s) of the participant, she is assuming full risk of injury arising from use of these facilities.

Any personal items that _____ brings with him/her to Ferris State University is at her risk and is not the responsibility of Ferris State University. Further, these items are not covered by Ferris State University insurance coverage.

I/We understand and agree that Ferris State University and the event personnel will provide _____, my/our child or ward, with instructions on any limitations to her participation as disclosed in the medical statement below. I/We are aware that the sport of softball involves a great deal of physical activity and that it is a contact sport that may result in injury. Neither Ferris State University nor the clinic personnel shall be responsible for any injury or damage except that caused by the sole negligence of Ferris State University or its personnel.

Medical Conditions which may limit activity or involvement or which clinic personnel need to be aware:

_____

_____

By signing below, I/we expressly agree to be bound by the terms of this agreement.

_____

Date Signature of Parent of Guardian Relationship to participant

_____

Date Signature of Parent or Guardian Relationship to participant

WAIVER OF PUBLICITY FORM

I, the undersigned, give permission for use of any photos, movies and audio or video tapings of my child's activities at Ferris State University. The material so obtained may be employed with Ferris approval for educational purposes, media coverage or for publicity benefiting education.

_____ _____

Date Signature of Parent of Guardian Date Signature of Parent or Guardian