

**Baltimore City Spring Training Clinic
March 25, 2017**

Medical Waiver Form

Ibeing parent/guardian of.....,

Understand that this is a FREE BASEBALL clinic. Participation in all activities is voluntary and that the Baltimore City Spring Training Baseball Clinic organizers and Druid Hill Park and Baltimore City Park and Recreation of Baltimore, Maryland will not be held responsible for any injuries as a result of participation. In the event of an emergency, local healthcare providers will be contacted and parent/guardian indicated above will be promptly notified.

.....
Signature of Parent/Guardian

Date:.....

PLEASE identify any known allergies in case of emergency: _____

DISCLAIMER: Baltimore City Spring Training Baseball Clinic organizers and Baltimore City Park and Recreation does not accept responsibility for loss, damage or theft (however caused or occurring) to any of participant's personal items or cash. If you bring any personal items or money to this event you do so at your own risk.

**** COMPLETION REQUIRED FOR PARTICIPATION ****

Internal USE only:
Form # _____
Field Assignment: _____