



Quad City Hitmen Baseball and Softball Academy

MEDICAL RELEASE FORM

The undersigned parent or guardian of the minor child named below (player), realizing that the Quad City Hitmen Baseball and Softball Academy is a nonprofit corporation and that the athletic program is supervised by volunteers; consents, agrees and binds the parent or guardian, including all heirs and assigns to the following matters regarding player's participation in Quad City Hitmen Baseball and Softball Academy activities.

- 1) In consideration of the benefits derived by the player's participation in said program, we hereby consent, approve and agree to indentify and hold and save harmless the Quad City Hitmen Baseball and Softball Academy, its agents, representatives, officers, coaches, managers, and board members from and against all actions or causes of actions, claims, demands, liabilities, loss damage or expense of whatever, which may be sustained or incurred by virtue of injury or damage to us or the player resulting or growing out of participation in any program of the Quad City Hitmen Baseball and Softball Academy.

- 2) In the case of serious accident or illness, and in the case I cannot be reached, I authorize the coach or assignee to provide or arrange for appropriate emergency care. If an emergency transport is necessary, I authorize the same to summon an ambulance to transport the player to the hospital or nearest medical treatment facility based on conditions pertaining to the incident. I understand that if the situation warrants, I may not be notified until after transport has been initiated. I agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Player's Name

Date of Birth

Physician's Name and Phone Number

Allergies or other known conditions

Parent's Signature

Date