



Dodge City A's Baseball
P.O. Box 1473
Dodge City, Kansas 67801
(620) 225-0238

CONSENT AND WAIVER OF LIABILITY

I, _____, natural parent or legal guardian of _____, a minor child, hereby consent to _____ participating in the 2019 Dodge City A's ball camps. I hereby waive any claim which may arise as a result of injury or any other loss _____ may incur as a result of participating in the camps.

I understand the risks of participating in the camps and understand participation may result in serious physical injury or even death. Understanding the above, I hereby waive and release from any liability Dodge City A's Baseball Association, its Board of Directors, coaches, players, camp workers and any and all other persons associated with the Dodge City A's Baseball Association for any injury or loss _____ may incur as a result of camp participation.

I verify that _____ is covered by health insurance.

DATED this _____ day of _____, 2019.

Parent or Guardian

WITNESS:
