



UNC Asheville Consent & Authorization Form for Baseball Clinic Families

Medical

I, the parent or legal guardian of a clinic attendee, give permission for UNC Asheville to provide appropriate medical attention to my child in the event of an accident, injury or illness. I understand that I may be responsible for the costs of medical attention and treatment, except for those covered by UNC Asheville.

I waive, release, and forever discharge UNC Asheville and its staff officers, agents and employees, representatives, successors and assigns from all rights and claims and damages, injury or loss which may be sustained or occur during my child's participation, whether or not damages, injury or loss are due to negligence.

Photography

I grant UNC Asheville, Cameron Maybin, Maybin Mission and Coleture Group permission to record my child's image and comments, and the right to use, publish, copyright and reproduce any such photographic images and comments for use in promotional materials, or any other legitimate purpose of UNC Asheville, Cameron Maybin, Maybin Mission and Coleture Group. I waive any right to inspect or approve such photographic images and comments.

I voluntarily release and hold harmless UNC Asheville from any and all liability arising out of or in any way related to use of such photographic images and comments.

COVID-19

I attest that I am fully aware of the risks and hazards associated with interacting with other individuals during the global COVID-19 pandemic. I am voluntarily choosing for my child to engage in this activity. Should my child contact COVID-19 or have symptoms consistent with a COVID-19 diagnosis, I understand and agree that my child will not participate in the activity unless directed by a medical provider that they may participate.

This document is to be constructed in accordance with the laws of North Carolina. If any portion of this document is deemed to be invalid, the remainder will continue in force and effect.

I have read and I understand this document, including the release and hold harmless portions of it. I acknowledge that I am at least 18 years old.

Child Name: _____

Parent or Guardian Signature: _____ **Date:** _____

Emergency Contact: _____ **Contact Number:** _____

This form must be completed, signed and returned before participating in the baseball clinic on Saturday, November 19, 2022.