Snead State Prospect Camp
24 August 2024, 9-5 PM Cost $100

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____Travel Team_____

School Attending: _____

Age: _____ Year of Graduation: _____

Parent's Name: _____

Waiver of Liability and Hold Harmless Agreement - To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity, which would place my child at risk to participate in any way with the camp's activities. I am fully aware of risks and hazards connected with the camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may engage in the camps activities, whether caused by the negligence of release or otherwise. I further here by agree to indemnify and hold harmless the releasee from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to my child's participation in this camp, whether caused by negligence of releasee or otherwise. **RELEASE AND WAIVER**- I understand that this camp is operated by the individual coach's name. The camp is not in any way owned or operated by Snead State CC. While conducting this camp, the coaches named are not acting as agents of Snead State CC. Accordingly, I agree to release and hold harmless the Board of Trustees of Snead State CC, its officers, agents, and employees, while acting in their capacities as such, from any and all claims or liability which may arise in any manner or form from my child's participation in this camp.

Date _____ Signature of Parent/Guardian _____

Complete form and email to:
Tracy.grindrod@snead.edu

Can pay morning of camp

OR

Mail form and check to:
Snead State College
ATTN: Softball Coach
PO Box 734
Boaz AL 35957

Make Check Payable to: Snead State Softball
Or Pay using VENMO @tracy-grindrod