



MEDICAL WAIVER & MINOR RELEASE

ALL PARTICIPANTS MUST COMPLETE THIS FORM AND BRING IT TO CAMP CHECK IN. THIS FORM CONTAINS 4 PAGES. CAMPER WILL BE PERMITTED TO PARTICIPATE ONLY AFTER ALL PAGES HAVE BEEN COMPLETED, SIGNED BY A PARENT/GUARDIAN AND CAMPER, AND REQUIRED ITEMS HAVE BEEN SUBMITTED.

Camper			
Name	First	Last	Middle

Check the Camp you'll be attending:

- 3rd through 5th grade camp
- 6th through 8th grade camp
- 9th through 12th grade camp
- College Athletes' camp

PHYSICAL or PHYSICIAN'S CONSENT FOR PARTICIPATION

Each camper is REQUIRED to provide ONE of the following. Check the option you are providing.

A copy of the camper's physical dated after July 1st, 2025, is attached to this form. (Physical must be dated one year prior to the start of camp.) Please do not bring the original physicals; we must keep a copy on file for our records.

OR

A physician's signature releasing the athlete to participate in camp activities. Provide information below.

Physician's Consent: I hereby certify that the camper named above has no restrictions which would prevent him from active and full participation in any and all activities related to this camp.

Physician's Signature	Date	Phone #



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RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK, AND AGREEMENT TO PAY CLAIMS

Name of Event/Camp: _____

Date(s) of Camp: _____

Location: _____

This Release of Liability, Promise Not to Sue, Assumption of Risk, and Agreement to Pay Claims (“Agreement”) is entered into by the undersigned participant, or the participant’s legal parent or guardian if the participant is under eighteen (18) years of age (“Participant”).

For the purposes of this agreement:

“CAMP OPERATOR” means Shifty Athletics, its owner, directors, officers, employees, independent contractors, volunteers, agents, representatives, coaches, instructors, and assigns. “Premises” means any facility, field, gymnasium, school, park, or property where the Activity is conducted, including property owned or operated by third parties. “Activity” means participation in any Shifty Athletics camp, clinic, training sessions, instruction, or related event.

This Release of Liability, Promise Not to Sue, Assumption of Risk, and Agreement to Pay Claims (“Agreement”) is entered into by the undersigned participant, or the participant’s legal parent or guardian if the participant is under eighteen (18) years of age (“Participant”).



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1. ACKNOWLEDGEMENT OF INHERENT RISKS

In consideration for being permitted to participate in the camp/event described above (“Activity”), I, my spouse, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release liability, agree to defend and hold harmless _____ and all camp staff and volunteers (collectively, “CAMP OPERATOR”), and the organization or group affiliated for any incident, physical injury, psychological injury, illness, death, loss, theft, damage to personal property, or other consequences arising out of or resulting directly or indirectly from the Activity or my presence on any property owned, controlled, operated, licensed, or otherwise associated with the CAMP OPERATOR or KNOB NOSTER the (“Premises”), including but not limited to claims arising from or related to the negligence or carelessness on the part of CAMP OPERATOR, SHIFTY ATHLETICS, camp staff or volunteers, and/or products liability, including strict products liability. I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. I agree to follow all instructions and to wear all necessary, recommended, and appropriate attire, protective gear, and equipment. I also give consent to CAMP OPERATOR, the camp, its employees, staff, volunteers, and agents, and SHIFTY ATHLETICS to obtain medical treatment, including but not limited to diagnostic, medical, and/or surgical treatment, if such treatment should be necessary or desirable during the course of my participation in the Activity. I acknowledge, however, that I will be solely responsible for the cost of such treatment, or for any other medical treatment for me. I agree and understand that CAMP OPERATOR, SHIFTY ATHLETICS, and the medical personnel participating in my care shall not be responsible in any way for any consequences resulting from said diagnostic, medical and/or surgical treatment and are fully released from any and all claims and demands whatsoever which may arise, grow out of or be incident to such diagnostics, treatment or surgery insofar as the law allows. I understand that this ACTIVITY is neither administered nor sponsored by SHIFTY ATHLETICS or COACH and that employees, staff, and volunteers that is providing this instruction or camp outside the scope of his/her employment with SHIFTY ATHLETICS (if any). I agree to release, hold harmless, defend, and indemnify SHIFTY ATHLETICS, its employees, its agents, and CAMP OPERATOR from any claims and liability arising out of the ACTIVITY or my presence on the Premises. IT IS MY INTENTION BY SIGNING BELOW TO EXPRESSELY ASSUME ALL RISK OF PERSONAL INJURY, PSYCHOLOGICAL INJURY, DEATH, OR PROPERTY DAMAGE UPON MYSELF, TO THE EXCLUSION OF CAMP OPERATOR OR SHIFTY ATHLETICS, AND TO EXPEMPT AND RELIEVE CAMP OPERATOR AND SHIFTY ATHLETICS FROM LIABILITY FOR PERSONAL INJURY, PSYCHOLOGICAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH.

I also understand and acknowledge that, despite the health and safety measures that CAMP OPERATOR and SHIFTY ATHLETICS are instituting to help protect staff, faculty, students, and campus visitors from COVID-19, an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. I understand and acknowledge that participating in the Activity and/or entering the Premises may expose me to a variety of hazards and risks foreseen and unforeseen related to COVID-19 and that I may expose



MEDICAL WAIVER & MINOR RELEASE

those within my household or with whom I interact to the same. I agree to participate in the Activity and/or enter the Premises fully knowing and understanding these hazards and risks. I further agree to comply with all COVID-19 health and safety protocols applicable to the Activity and as directed by CAMP OPERATOR.

By signing this Agreement, I acknowledge and agree that both now and, in the future, my presence on the Premises and/or participation in the Activity may expose me to known and unknown hazards and risks, including but not limited to communicable diseases and illnesses, such as COVID-19, influenza, MRSA, and other infectious or contagious diseases. I further acknowledge that I may expose members of my household or others with whom I interact to the same risks. I understand these risks include, but are not limited to, exposure to infected persons or surfaces, illness, quarantine or isolation requirements, physical injury, psychological injury, mental impairment, permanent disability, or death (“Injuries and Damages”). I understand that such Injuries and Damages may result from the acts, omissions, or ordinary negligence of other participants, staff, volunteers, third-party vendors, or other persons, or from conditions or circumstances that are presently unknown.

I knowingly, voluntarily, and expressly assume all risks related to communicable diseases, whether foreseeable or unforeseeable, and whether arising from the ordinary negligence of the CAMP OPERATOR, SHIFTY ATHLETICS, camp staff, volunteers, contractors, or any Released Party, to the fullest extent permitted by Missouri law. I acknowledge the risks associated with communicable diseases. I further acknowledge and agree that the CAMP OPERATOR and SHIFTY ATHLETICS shall not be responsible or liable for the selection, supervision, actions, or omissions of any third-party vendor, contractor, facility owner, or service provider, including but not limited to those relating to health, sanitation, medical services, or communicable disease mitigation.

I hereby waive any right, now or in the future, to bring any legal action or claim for compensation or other relief for any injury, illness, death, or property damage arising out of my participation in the Activity or my presence on the Premises, to the fullest extent permitted by Missouri law. I further agree that I, my spouse, parents, heirs, assignees, guardians, personal representatives, and legal representatives will not make any claim against, sue, or attach the property of the CAMP OPERATOR or SHIFTY ATHLETICS for any loss or damage resulting from the Activity or my presence on the Premises.

2. ACKNOWLEDGMENT OF UNDERSTANDING AND VOLUNTARY EXECUTION

I certify that I am eighteen (18) years of age or older, that I have carefully read and fully understand this agreement and this Addendum, that I understand I am waiving substantial legal rights, and that I sign this agreement freely and voluntarily, without inducement or reliance on any representations not expressly stated herein.



MEDICAL WAIVER & MINOR RELEASE

3. PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT (MINORS)

If the Participant is under eighteen (18) years of age, I certify that I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this Agreement and this Addendum. Although Missouri law may not permit me to waive the minor's future personal injury claims, I expressly agree to assume all risks, consent to the Participation's involvement, and defend, indemnify, and hold harmless the CAMP OPERATOR and SHIFTY ATHLETICS from any and all claims brought by or on behalf of the minor to the fullest extent permitted by Missouri law.

If any provisions of this Agreement or Addendum is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect. This Agreement and Addendum shall be governed by and construed in accordance with the laws of the State of Missouri, without regard to conflict of law principles. Any action or proceeding arising out of or relating to this Agreement shall be brought exclusively in a court of competent jurisdiction located within the State of Missouri.

Printed Name of Attendee

Signature of Attendee

If the attendee is a minor under the age of eighteen, the signature of a Parent or Guardian is required:

Signature of Parent or Guardian: _____

Address: _____

Phone Number: _____