

2025 Softball Camps Run by Sophie Mac Softball Camps LLC at Catholic University

CAMP WAIVER INFORMATION FORM

EMERGENCY MEDICAL, INSURANCE, CANCELLATION POLICY AND PARENT AUTHORIZATION AND GENERAL RELEASE FROM LIABILITY

In order to participate in the camp, each participant must complete the following information and submit in advance of attendance. Coaches will be checking at check-in to make sure all necessary documents are completed.

Release of Liability:

I, _____, assume the risks of personal injury and/or property damage in participating in the 2025 Camp at The Catholic University of America. I understand that any violation of camp rules may result in termination of my attendance in the program without refund.

I hereby release any and all rights for claims and damages I may have against the camp and its agents, officers, or employees. I also release any and all rights for claims and damages against CUA, its trustees, officers, employees and agents, including faculty, staff members and supervisors. I will not hold Sophie Mac Softball Camps LLC or CUA responsible for injury or damages arising from my participation in this program unless it is due to negligence on the part of the camp.

I am fully qualified to meet the physical requirements necessary to participate in this program.

Cancellation Policy:

By signing below, you hereby agree to the terms and conditions that there will be no refund for the camp up to three days before the date of the camp. Cancellations and “no shows” will not be issued a reimbursement. Sophie Mac Softball Camps will issue reimbursements on a case- to-case scenario. If the clinic at Catholic University needs to be canceled or moved due to weather / COVID / etc. you will be refunded in full for the inconvenience if you are unable to attend the make-up day.

Name of Camper _____

Address of Camper _____

City _____ **State** _____ **Zip Code** _____

Phone _____

Signature of Camper _____ **Date** _____

Signature of Parent/Guardian of the Camper.

Parent/Guardian's Name _____

Parent/Guardian's Phone Number _____

Signature of Parent/Guardian _____ **Date** _____

