

Marla Townsend's Fastpitch School, Inc.

Softball Camps at UAB

(hereafter referred to as "camper") (Print name of participant)

(Address including City, State and Zip Code)

(Participant's Date of Birth)

I, the undersigned Parent/Guardian of the above-referenced minor participant acknowledge that I understand and hereby consent as follows:

The named participant has registered to participate in Marla Townsend's Fastpitch School, Inc (hereafter "the camp") in 2010 to be held at the UAB Softball on-campus facility. I understand and acknowledge that there are some risks involved in participation, including but not limited to risk of physical injury, and that I have been informed of those risks and agree to release and discharge Marla Townsend's Fastpitch School, Inc., its employees and agents and The Board of Trustees of the University of Alabama ("the Board"), The University of Alabama at Birmingham ("UAB"), their officers, directors, employees and agents from any and all liability, claims, demands and causes of action or other loss suffered by the participant in connection with participation in the camp excepting only liability, claims and expenses arising out of the sole negligence of Marla Townsend's Fastpitch School, Inc., the Board, UAB or the officers, directors, employees and agents thereof.

I warrant and represent, to the best of my knowledge and belief that the participant is healthy and able to participate in the camp, and I agree to notify camp administrators of any allergies or other physical, mental or emotional condition that might limit the participant's ability to safely participate in the camp activities.

I give permission to Marla Townsend's Fastpitch School, Inc., its trainers or other staff members and agents to provide such emergency care and treatment to the participant, as in their judgment may be deemed necessary or advisable in the event that the participant should require emergency care while participating in the camp. I agree to assume the costs of such emergency care and treatment, if any such costs are incurred.

Parent/Guardian's Signature _____

Printed Name of Parent/Guardian _____

Date: _____ Daytime Phone: _____

Emergency Contact (other than parents): _____

Phone: _____

Witness Signature: _____

Printed Name: _____

Date: _____