

MEDICAL RELEASE AND WAIVER
- 2015 POWER SHOWCASE



I/We, the parents/guardians of the above-named candidate for a position in a Power Showcase, Inc event, hereby give my/our approval to participate in any and all Power Showcase, Inc activities, including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Power Showcase Incorporated, the organizers, sponsors, supervisors, participants, and/or persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

This is to certify that I, parent or legal guardian of child named above hereby grant permission to Power Showcase, Inc, managing personnel or other event representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in Power Showcase, Inc activities away from home, or when neither parent of legal guardian is available in person or by telephone to grant authorization for emergency treatment.

This authorization shall include all Power Showcase, Inc. activities including transportation to and from this event and all locations of event plan.

Participant's Name

Participant's Signature

Printed Parent/Guardian Name

Parent/Guardian Signature

Home Mailing Address

Daytime Contact Phone:

E-mail of person signing

Insurance Carrier

Policy #:

Today's Date

Email form to: powershowcase@gmail.com

Mail form to: Event Coordinator / Power Showcase, Inc.
6663 Hollandaire Drive West
Boca Raton, FL 33433