



2014 8th Annual POWER SHOWCASE Home Run Derby
Medical Release and Waiver-2014

- Print the PDF, sign it, scan it back to PDF, and then email to powershowcase@gmail.com, or
- Print the PDF, sign it, and then mail it back to
Event Coordinator POWERSHOWCASE, INC.
6663 HOLLANDAIRE DRIVE WEST
Boca Raton, Florida 33433

PLAYERS MAY NOT PARTICPATE UNTIL COMPLETED MEDICAL RELEASE IS ON FILE WITH Power Showcase, Inc .

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 or 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.

Player Name: _____

Address: _____

City: _____ State: _____ Country: (non-USA) _____ Zip: _____

Parent/Guardian (Print Name): _____

Parent/Guardian (Signature): _____ Date: _____

Contact numbers: (Hm) _____ (Wk) _____ (Cell) _____

Email of person signing this: _____

Insurance Carrier: _____

Policy #: _____