

DOVER TORNADOES

Spring

BASEBALL CLINIC



LIABILITY WAIVER FORM

I hereby authorize the staff and administration of Dover High School and the Dover High School Baseball Coaches to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Dover High School and Dover High School Baseball staff from any and all liability for any injuries or illness incurred while at the above stated clinic. I have no knowledge of any physical impairment that would be affected by the registered-named child's participation in the clinic.

I certify that I am the legal parent or guardian of the child named in this registration and have full right to provide this release.