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Authorized Pickup Contact Information: Name Relationship Phone Number . Student Medical Information . Emergency Contact Relationship Phone Number . Medical Condition: Participant Should Be Free From Any Known Physical Or Health Problems That Could Prevent Participation In The Activities Associated With The Program Or Activities Described Above. May 5th, 2024

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And Other Casual Get-togethers Without Having To Obtain Emergency Contact Info And Liability Release Each Time. If We Decide To Change Our Plans And Go Somewhere We Weren't Planning, I Will Ask The Students To Notify You. A Good Attempt Will Always Be Made To Retur Mar 4th, 2024

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I Hereby Release And Fully Discharge North Lamar Independent School District, Its Agents, Employees, And Coaches From Any And All Liability From Injuries Resulting From The Above Student's Participa-tion In The North Lamar Softball Camp. I, The Undersigned, Have Read This Release Form And Understand All Its Terms. Feb 2th, 2024

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