

LIABILITY WAIVER

Player Name: _____ Date of Birth _____

THE BASEBALL CLINIC 2025 emphasizes a balance of instruction, competition, and sportsmanship. There are, however, inherent risks of injury in the game of baseball. By signing below, you acknowledge for yourself and your player that you are aware of the risks inherent in the game of baseball, including the risk of serious injury, permanent disability, or death. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular and personal discipline may reduce this risk, the risk of serious illness and death does exist. You also acknowledge that you and your player are willing to assume the risk of injury inherent in the game of baseball, including but not limited to, the risk of being struck by a thrown or hit ball or bat. In consideration for your player's participation, you knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others and assume full responsibility for my player's participation. I also agree to release and discharge BASEBALL CLINIC 2025, its agents, employees, officers, directors, and attorneys from liability for any personal Injury or property damage arising out of BASEBALL CLINIC 2025 activities, including personal injuries or property damages caused by negligence on the part of BASEBALL CLINIC 2025 and its agents, including its directors, managers, coaches, and players. By signing this agreement, you agree to give up the right to sue BASEBALL CLINIC 2025, its agents, directors, managers, coaches, and players for damages arising out of personal injuries or property damage to you or your player that may occur while you or your player is a participant or a spectator at a game or other activity sponsored by BASEBALL CLINIC 2025, including injuries caused by negligence. If you agree, please sign the following: On our child's behalf, in consideration for participating in BASEBALL CLINIC 2025 activities, we agree to assume the risks inherent in the game of baseball. We also agree to waive any claims for personal injury or property damage against BASEBALL CLINIC 2025, its agents, directors, managers, coaches, and players arising out of BASEBALL CLINIC 2025 activities, including injuries or property damage caused by negligence.

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

TREATMENT AUTHORIZATION

I/We authorize for my/our child (print player's name) _____
to receive whatever medical care is deemed necessary or advisable by a physician, dentist, or
emergency medical technician in the case of an emergency during my/our absence, while my
player is involved with BASEBALL CLINIC 2025. I /We acknowledge that the medical information
provided to BASEBALL CLINIC 2025 is true, accurate, and correct, and BASEBALL CLINIC 2025
may rely on the information so provided in the event that my/our child needs emergency
medical or dental care.

Parent Name (print)

Parent Name (print)

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

I hereby grant permission to photograph and/or video my child during the event. I understand
that these images may be used in future promotional materials, social media, or publications,
and I waive any rights to compensation or ownership of the photos or videos. By signing below,
I consent to the use of these images for lawful purposes.

Parent/Guardian Name

Parent/Guardian Signature

EMERGENCY CONTACT

In the event of an emergency, should the parent or legal guardian not be available, please
contact:

Name (print): _____

Phone Number(s): _____

Relationship to player: _____