



## WAIVER FORM

I, \_\_\_\_\_ understand, acknowledge and agree that the participating or observing activities sponsored by and or offered by **Empire Fastpitch** has inherent risks, including but not limited to throwing, catching, hitting, pitching, etc. Those injuries include but are not limited:

1. Bruise/contusion from being hit with an errant throw/hit
2. Injuries that occur as a result of running bases, shagging balls, fielding ground balls
3. Injuries from negligent use by clinic attendee of the field, dugout areas, bats or balls or any equipment

I am aware of these and other inherent risks in observing or participating in the activities offered and sponsored by **Empire Fastpitch**. I ASSUME COMPLETE RESPONSIBILITY and liability of those risks and for injuries that may result of these risks, EVEN IF injuries occur in a manner that is NOT FORESEEABLE at the time, I sign this agreement. I realize that by voluntarily assuming the risks involved, I will be SOLELY RESPONSIBLE for any loss or damage I sustain including PERSONAL INJURIES to me, damage to my property and/or personal equipment/belongings.

I am aware of the potential risk of participating in the youth clinic hosted and run by **Empire Fastpitch** and waive and release **Empire Fastpitch** and all staff, instructors and volunteers of any liability relating to the participation in the **Empire Fastpitch** youth clinic on July 14, 2022.

**\*\*\* I have read, understand, and agree to the above terms and conditions \*\*\***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Player's Age: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_