

WAIVER AND RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

In consideration of _____ (*Participant's name*) being permitted to participate in **M.C. Baseball Training**, and all related events and activities, I hereby:

1. **ACKNOWLEDGE**, agree, and state that I understand the nature of M.C. BASEBALL TRAINING showcase activities and that my child/ward is qualified, in good health, and in proper physical condition to participate in such activity.
2. **FULLY UNDERSTAND THAT:** (a) M.C. BASEBALL TRAINING INVOLVES RISK OF BODILY INJURY (b) these risks and dangers may be caused by my child/ward's actions and inaction's, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW
3. **HEREBY RELEASE, DISCHARGE, AND PROMISE NOT TO SUE M.C. BASEBALL TRAINING**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT THAT ARE CAUSED OR ALLEGED TO BE CAUSE IN WHILE OR IN PART BY THE NEGLIGENCES OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE MEDICAL ASSISTANCE RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL IDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

PLEASE COMPLETE THE FOLLOWING INFORMATION

ANY MEDICAL CONDITIONS/ALLERGIES: _____

HEALTH INSURANCE PROVIDER _____

AGREEMENT NUMBER _____

GROUP _____

EMERGENCY CONTACT INFORMATION (Must be a parent or guardian if under 18)

Name: _____

Email: _____

Phone: _____

Relationship: _____

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Parent/Guardian Signature)

(Print Name)

Date signed: _____