

## Release of Liability Waiver

### Camp Attending:

\_\_\_\_\_

### Information

Name \_\_\_\_\_ Male  Female

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ School Name \_\_\_\_\_

### T-Shirt (if offered)

(T-Shirt size subject to availability)

Youth-  Medium  Large

Adult-  Small  Medium  Large

### Emergency Information

Parent /Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ eMail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Company Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

List any medical conditions, disabilities or allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Release Form

## A. ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

The undersign acknowledges that the activity may involve risks and the undersigned assumes the risk of any and all bodily injury and all property loss or damages arising in any way from said activity. The undersigned agrees that Advantage Baseball is not in any way a guarantor of safety in connection with the activity.

## B. RELEASE

As parent or legal guardian of below applicant, I authorize Advantage Baseball to request medical treatment as necessary to insure the well being of the applicant. We, the undersigned, for ourselves, or heirs, executors and administrators, waiver and release forever discharge Advantage Baseball, their staff, officers, agents representatives, employees successors, and assigns of and from any and all rights claims for damages to persons or property which may be sustained or occur during participation in activities, to or from program, whether paid damages, injury are due to negligence or not.

## C. INSURANCE

The undersigned is not relying upon Advantage Baseball for any manner of insurance for protection in connection with this activity. The undersigned shall be responsible for providing all insurance to be relied upon for protection in connection with this activity and the undersigned shall not hold Advantage Baseball responsible for providing any insurance coverage.

If participant is under 18 yrs of age:

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date