

**Registration Form**

**Youth Program ($300/month) Thursday & Saturday**

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**Junior Program ($450/month) Tuesday, Wednesday & Saturday**

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**Senior Program ($450/Month) Tuesday, Wednesday & Saturday**

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**Payments are to made through Parkland Minor Baseball Association. Please contact Stephanie at pmbaacademy@gmail.com**

**Waiver and Release**

**THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

**In exchange for access to, and participation in activities at, the training centers in Parkland County, I acknowledge, and agree that:**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am eighteen (18) years old or older: and \_\_\_\_ Initial
2. I engage in activities that give rise to the potential for serious personal injury and/or property damage such as permanent disability and death, and, while protective equipment and personal discipline will minimize this risk, the risk of serious injury still does exist and is considerable; and \_\_\_\_ Initial
3. I freely accept and voluntarily **ASSUME ALL RISKS OF PERSONAL INJURY OR DEATH** or property damage that results in any way from factors including, but not limited to: negligence of persons, conditions on or about the premises and facilities; the operation of the equipment; transportation; any other operations associated with my activities; actions or omissions of employees of the Parkland Academy/Parkland Minor Baseball Association, and actions or omissions of other participants, pedestrians or spectators: and \_\_\_\_Initial
4. I release and indemnify the Parkland Academy/Parkland Minor Baseball Association and its officers, directors, and coaches, of and from any liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me while at the training facilities, including, but not limited to, those injuries and damages caused by the negligence and or breach of warranty, express or implied, on the part of the Parkland Academy/Parkland Minor Baseball Association; and \_\_\_\_Initial
5. In the event that any section of this release, including all waivers, is found to be unenforceable, the remaining terms shall be fully enforceable; and. \_\_\_\_Initial
6. This release, including all waiver, shall be binding to the fullest extent permitted by law; and \_\_\_\_Initial
7. I authorize any employee or staff member of the Parkland Academy/Parkland Minor Baseball Association to call for medical care for me or to transport me to a medical facility or hospital if, in the opinion of such personal, medical attention is needed. I agree that upon my transport to any such medical facility or hospital, The Parkland Academy/Parkland Minor Baseball Association will not have any further responsibility for me. Further, I agree to pay all costs associated with such medical care and the related transportation provided for me and shall indemnify and hold The Parkland Academy/Parkland Minor Baseball Association harmless of and from any costs incurred therein; and. \_\_\_\_Initial
8. This Release, including all waivers, shall be binding upon my assignees, subrogors, distributes, heirs, next of kin, executors, personal representatives, and administrators and may be pled The Parkland Academy/Parkland Minor Baseball Association as a complete bar and defense against any claim, demand, action or cause of action by or on behalf of myself. \_\_\_\_Initial

I HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, INCLUDING ALL WAIVERS, UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL AND WITH FULL KNOWLEDGE OF IT SIGNIFICANCE. I AM OF 18 YEARS OF AGE OR OLDER. I HAVE BEEN ADVISED THAT I MAY SEEK MY OWN LEGAL COUNSEL IN REVIEWING THIS AGREEMENT.

Name of Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Athlete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (M/D/YR)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release and waiver as provided above for The Parkland Academy/Parkland Minor Baseball Association, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless The Parkland Academy from any and all liabilities incident to my minor child’s involvement or participation in these activities as provided above. EVEN IF ARISING FROM THE NEGLIGENCE OF THE PARKLAND ACADEMY/PARKLAND MINOR BASEBALL ASSOCIATION, to the fullest extent permitted by law.

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

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