



PARKLAND TWINS CAMP WAIVER

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, 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, 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 assignees, subrogers, 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 ITS 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 (IF 18 YEARS OLD) _____

DATE _____ 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 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/Parkland Minor Baseball Association from any and all liabilities indecent 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 _____

SIGNITURE OF PARENT/GUARDIAN _____ DATE _____

SEND TO MIKE JOHNSON AT mike.johnson@partner.psd.ca

