



# ALL-STAR BASEBALL ACADEMY



## WAIVER FORM

Player Name \_\_\_\_\_ Grade \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grad Year \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

School \_\_\_\_\_

Parents' Names \_\_\_\_\_

### WAIVER OF LIABILITY 2011-2012

WAIVER OF LIABILITY: I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute All-Star Baseball Academy, LLC or any of its members, directors, officers, agents, employees, (herein referred to as "the releasees") for monetary damages caused by injury to myself or my child, or damage to the property of my child or myself arising from my child's participation in the activities and use of the property or All-Star Baseball Academy, LLC, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releasees.

ASSUMPTION OF RISK: With knowledge of the danger involved, I voluntarily ask that my child be allowed to take part in the activities. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE ALL-STAR BASEBALL ACADEMY, LLC., WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.

INDEMNITY AGREEMENT: I agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorney fees, that may incur due to my child's participation in the activities and use of the property and facilities of All-Star Baseball Academy, LLC, whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releasees.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_