Liability Release Form

| Topflight baseball Academy Waiver and release of Liability | | | | |
|---|--|--|--|--|
| I,, h applied to participate in baseball game activities in cademy. | ereby acknowledge that I have voluntarily onjunction with Top Flight Baseball | | | |
| I am aware that serious accidents occasionally occur participants occasionally sustain serious personal injection consequence thereof. I understand that included am baseball is the risk of injury as a result of being struct another player or his/her equipment. Additionally, I unankles, knees and legs while running base paths or ball field cannot be guaranteed to be smooth or free a result of tripping on an unknown hazard in the field mentioned risks, there are unpredictable dangers inverse. | ury or death and/or property damages, as a ong the dangerous elements of the sport of k by a batted or thrown ball, a loose bat, or by nderstand that there is a risk of injury to bursing a ball in play. I understand that the of defects, and that there is a risk of injury as . I understand that in addition to the above- | | | |
| In consideration for being allowed to participate in backflight Baseball Academy, I intend to be legally bound and administrators waive and release any and all rig against Top Flight Baseball Academy, its employees for any and all injuries that may be suffered by me as activities. | d, do hereby for myself, my heirs, executors hts and claims for damages I may accrue, officers or representatives, and all sponsors | | | |
| Further, I will assume my own medical and emergen other incapacity or injury resulting from or occurring | • | | | |
| This release is intended to discharge in advance, To respective coaches, agents, officials, employees, aff used), and the sponsors from and against any and a way with my participation in baseball events; even the passive negligence, or carelessness on the part of the | lliates, and school districts where facilities are Il liability arising out of or connected in any ough the liability may arise out of active or | | | |
| I further understand fully and agree that the term of to covering all periods of time that I participate in basel Baseball Academy. Lastly, I agree to accept and abide by the rules and | pall activities in conjunction with Top Flight | | | |
| Participant signature: | Date: | | | |
| Parent signature: | Date: | | | |