

WAIVER AND RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

In consideration of _____ being permitted to participate in the **FRITZ**
(Print Camper's Full Name)

HAMBURG BASEBALL CAMP, and all related events and activities, I hereby:

- 1. ACKNOWLEDGE**, agree, and state that I understand the nature of FRITZ HAMBURG BASEBALL CAMP Activities and that my child/ward is qualified, in good health, and in proper physical condition to participate in such Activity
- 2. FULLY UNDERSTAND THAT:** (a) FRITZ HAMBURG BASEBALL CAMP INVOLVES RISKS OF BODILY INJURY (b) these Risks and dangers may be caused by my child/ward's actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW
- 3. HEREBY RELEASE, DISCHARGE, AND PROMISE NOT TO SUE FRITZ HAMBURG BASEBALL CAMP**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT THAT ARE CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT MEDICAL ASSISTANCE RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

PLEASE COMPLETE THE FOLLOWING INFORMATION

ANY MEDICAL CONDITIONS/ALLERGIES: _____

HEALTH INSURANCE PROVIDER _____

AGREEMENT NUMBER: _____

GROUP: _____

EMERGENCY CONTACT INFORMATION (Must be a parent or guardian if under 18)

Name: _____ **Relationship:** _____

Phone (Primary): (____) _____ **Phone (Secondary):**(____) _____

Email: _____

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____