



The StrikeZone Baseball and Softball Academy Release Form

Name of parent/guardian _____ On behalf of my child/ward (if child is 17 or younger)

Name of child/ward/participant

Address

City

State

Zip

Email

Phone

In consideration of the permission granted to me/my child/ward to participate in the activities of the StrikeZone Baseball & Softball Academy LLC, I individually or as a parent/guardian hereby release, covenant not to sue and forever discharge ***the StrikeZone Baseball and Softball Academy, LLC, its officers, employees, agents and coaches*** from any and all claims of liabilities with regard to my participation in any clinics/camps/seminars or batting in cages.

I (individually or as a parent/guardian) further state and certify that I am able to participate in the described activities of the clinics/camps/seminars or batting in cages. I/my child/ward further agree that should I/my child/ward become injured as a result of participation that I/my child/ward do release and hold harmless ***the StrikeZone Baseball and Softball Academy, LLC, its officers, employees, agents and coaches*** from any and all liability for illness, injury, disability, death or loss or damage to person or property and any consequences thereto and therefrom. This release shall inure to the benefit of ***the StrikeZone Baseball and Softball Academy, LLC, its officers, employees, agents and coaches*** and shall be binding on my heir, successors and executors. I/my child/ward further state that the StrikeZone Baseball & Softball Academy LLC, are authorized to use my/my child/ward's name and any photographs or videotape of me/my child/ward at the facility for its promotional purposes without the need to compensate me for such use.

I (individually or as a parent/guardian) have read this liability form and have been given sufficient time to review it and ask whatever questions I have relating to it. I fully understand the risks involved and that it is possible to sustain serious injury or death during the course of participating in the above described activities. I (individually or as a parent/guardian) acknowledge that my execution hereof is material to acceptance of my participation in clinics/camps/seminars or batting in cages. I have given up substantial rights by signing this agreement and I have freely and voluntarily agree to sign without inducement. Furthermore, by signing below, I agree that in case of accident while at a clinic/camp, I authorize the StrikeZone Baseball and Softball Academy, LLC staff to act for me in securing medical treatment, and I release StrikeZone Baseball and Softball Academy, LLC and its officers and staff of any liability.

Parent/guardian (if child is 17 years or younger) or participant

Date