

Informed Consent and Liability Waiver Release for WBCEMB LLC doing business as WC19 PROHIT

Player Name: _____

I acknowledge the inherent risks associated with Baseball/Softball including potential injuries like sprains, falls, collisions or more serious injuries and assume all risks and dangers incidental to and inherent in the game of Baseball & Softball, and in particular, the game of Baseball/Softball played, practiced, or learned indoors/outdoors, including specifically, but not exclusively, the danger of being injured by baseballs thrown by pitching machines, players or coaches, baseball bats swung by players or coaches, contact with umpires, instructors, or other players, field equipment (e.g. bases, screens, fences), or facility structures, and hereby waive all claims against WBCEMB LLC and the aforementioned entities and individuals.

I, the parent or legal guardian of the player named above, do hereby give my approval of his or her participation in Indoor & Outdoor Baseball/Softball activities at any location, including, but not necessarily limited to: Batting Cages, Leagues, Practice, Drop-in Instruction, and Baseball/Softball Camps, Clinics and all other forms of Baseball/Softball Instruction given by WBCEMB LLC.

I hereby release and discharge and hold harmless WBCEMB LLC, and its members, officers, directors, agents, employees and any other persons or entities acting on their behalf against all claims, demands and causes of action relating to injury, illness, disability, death or other harm, to person, property, or both arising from participation of the above-named player in Indoor & Outdoor Baseball/Softball activities.

I understand that I am solely responsible for any cost arising out of any bodily injury, property damage, and medical evacuation and rescue expenses sustained through the participation of the above-named player in Indoor Baseball/Softball activities with WBCEMB LLC.

I represent that I am the parent or legal guardian of the above-named player and that I have read, understand, and agree to the above statements.

I authorize WBCEMB LLC to record video and/or take photographs of me (or my child) during the lesson/clinic. I give permission for these recordings to be used, published, or distributed online (including social media and websites) for promotional, instructional, or informational purposes. I understand that no compensation will be provided for the use of these materials.

☐ **I DO**

☐ **I do NOT**

consent to the use of video of photos of myself (or my child) for online or promotional use.

Signature _____ Date: ____/____/____

Print Name: _____