

Name:
Address:
Date of Birth:

Waiver of Liability and Release for use of Batting Cages

I hereby acknowledge and agree that participation in the batting cages within the facility, a baseball and softball training facility has inherent risks. In consideration of the services provided, their agents, their officers, participants, consultants, employees and all persons or entities acting in any capacity on their behalf I now agree and certify as follows:

1. I acknowledge and fully understand that I, _____, the participant (if participant is 18 years of age or older) or parent/legal guardian of the above listed minor participant, will be engaging in activities that may involve risk of serious injury which might result not only from my own actions, inactions, or negligence, but from the actions, inactions, or negligence of others or the conditions of the premises or any equipment used. Further, that there may be other risks not known or not reasonable foreseeable at this time. The risks may include, but are not limited to: nature of the activity, latent or apparent defects of conditions in equipment or property supplied by the facility or other entity; acts of other participants in this activity, employees or agents; my own physical condition, acts of omissions; and surrounding grounds or terrain and accidents connected with their use; first aid emergency treatment or other services.
2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participating in this activity is purely voluntary and I elect, in spite of the risks, to participate. I assume all the foregoing risks and accept personal responsibility for the damages following such injury.
3. On behalf of myself, my children, my parents, my heirs, assigns, personal representative I hereby voluntarily release, waive, forever discharge, and agree to indemnify and hold harmless this facility and each of their respective commissioner, directors, agents, and other employees, its parent, subsidiaries, affiliate, employees, distributors and agents, other batting cage participants, and if applicable, operator and lessors of premises used to conduct the event/activity, from any and all liability for any and all claims, demands of causes of action which are in any way connected with my participation in this activity or my use of the Baseball equipment or facilities.
4. I hereby certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in these activities or alternatively I agree to bear the cost of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere, with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
5. I hereby certify that I am at least 18 years old, or the parent or legal guardian of the participant under 18, and I agree I will wear a batting helmet at all times while in the batting cages. I hereby provide this facility or its agents or employees to contact 911 or other emergency personnel as needed.
6. I hereby certify that I have been given the Rules and Regulations for batting cage use and will adhere to them.
7. I acknowledge that the facility is under surveillance camera and that all baseballs, softballs, and all other equipment in the facility are on inventory and need to be returned to their original placement after each use. Any theft of equipment or inventory will be prosecuted to the fullest degree.

By signing this document, I acknowledge that if anyone is hurt, or property is damaged during participation in this activity a court of law may find me to have waived my right to maintain a lawsuit against this facility and each of the parties listed in Paragraph 3 above on the basis of any claim from which I have release them herein.

I HAVE HAD SUFFICIENT TIME TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Participant Signature or Parent/Guardian if participant is under Age 18 _____

Print Name of Signatory _____ Date _____