

# Bomb Squad Baseball Waiver

TO BE COMPLETED BY EVERY PARTICIPANT

In consideration of my participation in activities arranged for me by BOMB SQUAD BASEBALL, I hereby release and covenant not to sue BOMB SQUAD BASEBALL, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of my participation in any activities or arrangements and the use of the facilities and equipment of BSB including but not limited to any loss, injury, damage, or liability sustained by me while on or about the premises of the club.

I am fully aware and understand that BSB does not have on or about its premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.

I agree that immediately prior to participating in any activity arranged for me by BSB I will inspect the facilities and equipment to be used and if any defect is apparent I will not use the facility or equipment and I will notify the management of BSB of the defect.

I further agree that if I am not knowledgeable in the proper use of any of BSB facilities or equipment I will obtain proper instruction for the correct use of such facility or equipment from a qualified individual before I will use the facility or equipment.

I further agree to indemnify and hold harmless BOMB SQUAD BASEBALL, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees for any and all claims arising from my involvements in or receiving instruction for activities incidental, thereto wherever, whenever and however the claims may arise including but not limited to travel to and from the activity site and participation at remote sites.

I assume all the foregoing risks and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability or death resulting there from.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE AND ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY

**Any person under the age of 18 years must have a parent or guardian co-sign this form.**

Child's Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Pease circle level of play:

10U

11U

12U

13U

14U

15U

16U