



Holman Baseball Shed Roster & Waiver Form

I, the parent (guardian), of the athlete, a minor, do hereby consent to him/her participating in practices at Holman Baseball Shed. I further release Holman Baseball Shed and Its' owners, instructors, employees and all sponsors, from liability due to injury, disability or death, or loss of damage to person or property incurred by said athlete or accompanying persons during team workouts, instruction or time spent on Holman Baseball Shed property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by the law. 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.

Player Name	Age	Phone	E-mail	Parent Name	Parent Signature

Team Name: _____

Coaches Name: _____ Signature: _____ Phone: _____

Assistant Coaches Name(s): _____ Signature: _____ Phone: _____