## **RELEASE AND WAIVER OF LIABILITY AGREEMENT**

l,	("Participant"), acknowledge that I am voluntaril	У
participating in the following activities at located at 1240 & 1242 Crooked Mile Ct.,	the residence of Mr. & Mrs. Larry Michael & Kristie LeAyı Placerville, CA, 95667 in the county of El Dorado: Baseba training FOR THE 2023 SPRING BASEBALL SEASON BEGIN	ne Clack all Practice to
INJURED OR EVEN KILLED. I AM VOLUNTA	E HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOU ARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOW ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH ISKS ARE KNOWN OR UNKNOWN.	LEDGE OF
I verify this statement by placing my initia	ls here:	
Parent or Guardian's initials (if under 18):		
these activities and use the premises and any affiliated organization to include The employees, volunteers, agents, contractor actions, claims, or demands that I, my ass representatives now have, or may have in participation in these activities, (ii) the negor not, and however caused, by any Relea occur, whether or not I am then participated distributees, guardians, next of kin, spous attach the property of any Releasee in cor I HAVE CAREFULLY READ THIS AGREEMENTHIS IS A RELEASE OF LIABILITY AND A CO	ne owners of the residence to use the premises to partici- facilities, I forever release the owners, agents or their as Diamond Baseball Club, and their respective directors, of rs, and representatives (collectively "Releasees") from an ignees, heirs, distributees, guardians, next of kin, spouse the future, for injury, death, or property damage, relate gligence or other acts, whether directly connected to the see, or (iii) the condition of the premises where these ac- ting in the activities. I also agree that I, my assignees, hei e and legal representatives will not make a claim against mection with any of the matters covered by the foregoin NT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWAI ONTRACT BETWEEN MYSELF AND MR.& MRS. LARRY MI FIRS, AND/OR ASSIGNEES AND THE DIAMOND BASEBALI	risigned or a signed or and all and legal and to (i) my ase activities activities ars, asue, or ag release.  RE THAT CHAEL &
If Signed by Parent or Guardian: I verify t	hat the dangers of the activities and the significance of	this Release
<u>•</u>	pant and that the Participant understood them. ville, California, 95667 on	, 2023.
PARTICIPANT/RELEASOR:	PARENT OR GUARDIAN:	
(Signature)	(Signature)	
Address:	Address:	

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.