



# INSIDE PITCH CAMPS WAIVER

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Throws: R / L                      Hits: R / L / Switch

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

-----

Are you interested in the IP Saskatoon off-season programs from Oct-April? Y / N

Are you interested in private lessons (one or two students only)? Y / N

Are you interested in travelling to tournaments in the USA with Team IP?                      Y / N

\*we will email you in you indicate Yes on any of the above questions

Do you have any medical conditions that may hinder you from participating in the camp? If so please list below:

\_\_\_\_\_  
\_\_\_\_\_

1. **General Release:** I understand the risks in participating in the Inside Pitch Baseball Camps. I understand that baseball is an active sport with the possibility of injury. I hereby relinquish responsibility of the IPBA Inc. and all staff members while participating in the said camps and traveling to and from the camps.

2 **Covid Release:** I understand that individuals at Inside Pitch Camps will be in contact with children, families and employees who are also at risk of community exposure to Covid-19. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic. I have read, understand, and agree to comply with the provisions listed herein and release IPBA Inc., its directors, officers, instructors and staff and all persons acting under its authority and their respective heirs, executors, administrators, successors, and assigns from all liability or responsibility whatsoever for any illness or death to any person related to Covid-19.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_, 2021  
Date