

BASEBALL CAMP WAIVER AND RELEASE OF LIABILITY AGREEMENT



Camp Name: Champs HTX Baseball Camp

Participant's Full Name: _____

Date of Birth: _____

Parent/Guardian's Name (if under 18): _____

Phone Number: _____

Email Address: _____

1. Acknowledgement of Risk

I, the undersigned, understand that participation in the Champs HTX Baseball Camp involves inherent risks, including but not limited to, physical injury (such as sprains, fractures, and concussions), property damage, and even death. I acknowledge that baseball and associated activities, such as training drills, conditioning, and the use of equipment, involve certain risks which cannot be eliminated regardless of the care taken to avoid injuries.

2. Release of Liability

In consideration of being allowed to participate in the Champs HTX Baseball Camp, I hereby release, discharge, and hold harmless Champs HTX, its owners, coaches, employees, volunteers, sponsors, and agents from any and all liability, claims, demands, or causes of action related to any injury, illness, or damage that may occur as a result of participation in this camp, including claims arising out of negligence of the released parties.

3. Medical Treatment Authorization

In the event of an emergency, I hereby give consent for the camp staff to obtain medical treatment for the participant named above. I agree to assume responsibility for all costs related to such treatment, including but not limited to ambulance transportation, hospitalization, and medical services.

4. Personal Property

I acknowledge that Champs HTX is not responsible for any personal property that may be lost, stolen, or damaged while attending the baseball camp.

5. Assumption of Risk

I understand the nature of baseball activities and certify that the participant is in good health and able to safely participate. I assume full responsibility for the participant's participation in the camp.

6. Media Release

I grant permission for Champs HTX to use any photographs, videos, or recordings of the participant taken during the camp for promotional and marketing purposes without any compensation or further consent.

7. Parental Consent (if under 18)

As the parent/guardian of the participant, I agree to all the terms outlined in this waiver and acknowledge that I am signing this release voluntarily on behalf of my minor child.

Initial _____



8. Agreement

By signing below, I acknowledge that I have read and fully understand the above waiver and release of liability. I understand that I am giving up substantial rights by signing this waiver, and I sign it freely and voluntarily.

Signature of Participant: _____

Date: _____

Signature of Parent/Guardian (if under 18): _____

Date: _____

Emergency Contact Information

Name: _____

Phone Number: _____