

VEGAS BASEBALL BUDDIES INSTRUCTIONAL CLINICS AT THE LAS VEGAS BALLPARK
REGISTRATION FORM

_____ Saturday December 21, 2019 11:00am to 1:00pm

_____ Sunday December 22, 2019 11:00am to 1:00pm

Please check above ONE desired clinic day

PARTICIPANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____

FOOD ALLERGIES (please list here or write "none"): _____

Position (s): _____

Email: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Helmet size _____

Shirt size _____

RELEASE OF LIABILITY AND WAIVER AGREEMENT
Vegas Baseball Buddies Baseball Clinic

THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY BASEBALL ACTIVITIES. BY SIGNING THIS FORM, IT AFFIRMS THAT THIS DOCUMENT IS ACCEPTED BY PARTICIPANT AND LEGAL GUARDIAN OF PARTICIPANT.

In order to take part in any activities during the Vegas Baseball Buddies Baseball Clinic, I understand and agree that:

1. All players are at risk of bodily injury which include disability, paralysis, and death. Even with the proper equipment, serious injury is still possible and the loss or damage of property does exist; and,
2. Even if injury comes from other players or coaches, I am still responsible for my participation and health; and,
3. I agree to comply with any and all rules, terms, and conditions for participation. If I feel that I am not ready or prepared for participation in activities, I will bring this to the attention of the coaches and officials; and,
4. I, and on behalf of my personal representatives, hereby release and hold harmless and promise not to sue Vegas Baseball Buddies, their officers, officials, volunteers, employees, and/or other participants, sponsors, advertisers, coaches, and owners ("Releasees"), with respect to any injury, disability, paralysis, death, and/or loss or damage to person or property, whether caused by the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I have read this Release of Liability and Waiver 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.

Participant's Signature _____

Participant's Name (Printed) _____

Parent/Guardian's Signature _____

Parent/Guardian's Name (Printed) _____

Age of Participant & Date of Birth _____

Emergency Contact _____

Helmet Size & Shirt Size _____

Date Signed: _____

Participants and/or their legal guardian(s), present at the Vegas Baseball Buddies Baseball Clinic agree to be filmed and photographed by photographers. Participants or the legal guardian(s) give permission to Vegas Baseball Buddies the right to use their name, picture, and likeness (without any right of approval) for any use to promote the event and any future events.

Participant's Signature _____

Participant's Name (Printed) _____

Parent/Guardian's Signature _____

Parent/Guardian's Name (Printed) _____

Date Signed: _____





Las Vegas Ballpark
1650 Pavilion Center Drive
Las Vegas, Nevada 89135

HOLD HARMLESS AGREEMENT AND WAIVER
Batting Practice, Batting Cages, Baseball Events

I, on behalf of myself and on behalf of my heirs, executors, administrators, agents, distributees, beneficiaries, successors in interest and assignees, hereby agree, to the fullest extent permitted by law, to indemnify, defend, and hold harmless Summerlin Las Vegas Baseball Club, LLC (the "Aviators"), Clark County Las Vegas Stadium LLC ("Las Vegas Ballpark"), and each of their respective direct and indirect parents and subsidiaries, affiliated entities, successors and assigns and any current or future director, officer, employee, partner, lender, member or agent of any of them from and against any and all claims, causes of action, liabilities, suits, judgments and/or settlements, regarding personal injury and/or property damage arising out of or in any way related to my participation in and/or attendance at Las Vegas Ballpark physical activities and events.

I agree to be solely responsible for all loss or damage to my personal property while at Las Vegas Ballpark and I hereby waive, on behalf of myself and on behalf of my heirs, executors, administrators, agents, distributees, beneficiaries, successors in interest and assignees, any claim for personal injury and property damage related to my presence at the Las Vegas Ballpark pursuant to this Hold Harmless Agreement. Further, I agree that I have inspected the area in which the activities that are the subject of this Hold Harmless Agreement will occur and I accept it "as is" and as suitable for its intended use, and I agree that I will use the area at my sole risk.

RELEASE AND WAIVER OF LIABILITY

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will discontinue my participation in the activity. I assume full responsibility for any and all injuries and damages which I may incur through participation in physical activities and events at Las Vegas Ballpark.

Physical activities are not recommended and are not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice physical activities. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have, regarding or resulting in any way from my participation in physical activities at the Summerlin Las Vegas Baseball Club, LLC, Clark County Las Vegas Stadium LLC, and each of their respective direct and indirect parents and subsidiaries, affiliated entities, successors and assigns and any current or future director, officer, employee, partner, lender, member or agent of any of them.

I am at least eighteen (18) years old. I have read and fully understand and agree to the above terms of this Hold Harmless Agreement. I am signing this agreement voluntarily and recognize that my signature serves as a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Nevada.

Print Name

Sign Name

___/___/___
Date

Email Address