

Upper Keys Baseball Development Foundation, Inc

Youth Waiver/Release

**Youth Athletic Waiver and Release of Liability
Read Before Signing**

In consideration of your child being allowed to participate in any way in the Upper Keys Baseball Development baseball program(s), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, notwithstanding particular rules, equipment, and personal discipline that may reduce this risk; and
- 2) I certify that my child has no medical or physical condition that would prevent him/her from participating in any activity, program, etc, and my child has not been instructed by medical personnel to refrain from participating in strenuous activity.
- 3) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my Childs participation in all aspects of the program; and,
- 4) I willingly agree that my child will comply with the stated and customary terms and condition for participation. If however, your child observers any unusual or significant hazard during their presence or participation, they will remove themselves from participation and bring such hazard to the attention of the nearest coach immediately; and,
- 5) I, for my child and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Upper Keys Baseball Development Foundation, Inc., their officers, directors, officials, agents and employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILTIY, DEATH, LOSS OR DAMAGE OF ANY KIND OR NATURE, WHETHER NOW KNOWN OR UNKNOWN, TO ANY PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE TO THE FULLEST EXTENT PERMITTED BY 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 VOLUNTARLY WITHOUT ANY INDUCEMENT.

Participant_____

Parent Name_____ Signature_____ Date_____

Phone Number_____ Email_____

Parent Name_____ Signature_____ Date_____

Phone Number_____ Email_____

Emergency Contact_____ Phone number_____