



**all fields are required

Child's Name _____ Child's Birthdate _____

Dad's name _____ Mom's name _____

Medical Waiver and Release of Liability

Whereas _____ (ballplayer) has a desire to participate in various activities and workouts at the Player Development Strategies / Baseball Solutions facilities and with the Austin Baseball Club. We fully understand the risk involved and that it is possible for participants to sustain serious injury during the course of said exercises and workouts.

Now therefore, in consideration of the opportunity to participate in the aforementioned exercise and workouts, I fully covenant not to sue and forever discharge PLAYER DEVELOPMENT STRATEGIES LLC, Baseball Solutions, Austin Baseball Club, its officers, coaches, managers, trainers, physicians, players, as well as other PLAYER DEVELOPMENT STRATEGIES LLC, Baseball Solutions, Austin Baseball Club heirs and next of kin for any and all loss or damage and any claims or demands therefore on account of all injury to the person or property or resulting in the death of the undersigned, whether caused by negligence or otherwise.

I give my consent and approval for the participation of my child with PDS / Baseball Solutions and ABC training, games, and activities. I certify that my child is physically fit to take part in all activities. I release Player Development Strategies LLC, Baseball Solutions, and the Austin Baseball Club and it's officers, and staff from all responsibility in case of accident or injury.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS

X _____ date _____

Print name _____

