



## **THE BASEBALL WAREHOUSE LLC - LIABILITY WAIVER**

### **ACTIVITY – PLEASE READ BEFORE SIGNING**

#### **Waiver of Liability**

I recognize and acknowledge that there are certain risks of physical injury and property as I participate in this program, and I agree to assume the full risk of any injuries, including loss of life, personal injuries, property damages, and expenses, which I may sustain as a result of participating in any and all activities connected with or associated with the activity.

I further agree to waive and relinquish all claims to fully release discharge, indemnify, hold harmless and defend The Baseball Warehouse, LLC, Maryland Baseball Partners, LLC, Matt Morris Pitching, LLC, MedStar Sports Medicine, LLC, and MedStar Health, Inc. and all of their employees, volunteers, agents and servants (“Released Parties”) from any and all claims resulting from injuries, including loss of life, personal injuries, property damages, and expenses, sustained by me and arising out of, connected with, or in any way associated with the activities of the program. Further, I agree to indemnify the Released Parties for any claims arising from my own negligence. The participant assumes all risks associated with participation in the program; the Released Parties assume no liability for injury or damages arising from participation in the program.

#### **Medical Release**

Due to the strenuous nature of some activities, the participant, or if the participant is a child, the child’s parent or guardian is encouraged to consult his or her physician concerning the participant’s fitness to participate in the program. In case of emergency, accident or illness, I give my permission for the participant to be treated by a professional medical person and admitted to a hospital, if necessary. I agree to be the party responsible for all medical and hospital expenses incurred on behalf of the above participant. If there are any special auxiliary aids or services that are necessary to reasonably accommodate the participant with a disability an equal opportunity to participate in and enjoy the benefits of the program or activity, please specify them on a separate, confidential sheet.

#### **Parent / Guardian Permission**

I (we), parents(s) of [or legal guardian(s) for] the above participant, hereby consent to her/him participating in this activity. On behalf of the participant listed below, I accept the waiver of liability and medical release provisions of this registration form. I have read the Waiver of Liability, Medical Release, and Parental Permission, and understand all of their terms.

**SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN:  
(IF PARTICIPANT IS UNDER 18 YEARS OF AGE PARENT/GUARDIAN / REQUIRED)**

#### **PARTICIPANT(S)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PARENT/GUARDIAN**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_