

2015-2016 MEDICAL RELEASE & WAIVER FORM Complete and return this form with payment to Chev's Baseball Academy: Consent to Medical Treatment & Release of Liability: In consideration of being allowed to participate in baseball games, related events, and activities, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE GBG North, Garciaparra Baseball Group LLC, or Agoura High School, and the Board of Trustees and their officers, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp, or while in, on upon the premises where the games are being conducted. To the best of my knowledge, I/my child and/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with game activities. I am fully aware of risks and hazards connected with the camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in this camp, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEE or otherwise. During the period of the summer, fall, Spring and winter baseball schedules, I hereby give permission for the staff of GBG North Baseball Coaches to administer appropriate medical attention to me/my child in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the member of my family and spouse, if I am alive, and my heirs, assigns a personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above- named RELEASEE. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same. I have read and agree to all terms and conditions above Parent or Guardian Initials for Consent

Parent/Guardians Initials \_\_\_\_\_ (Confirming you've read the above statement)

Player Name (Printed) \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_