



SUMMER BREAK CAMP REGISTRATION AND LIABILITY WAIVER

WEEK



Camper Name: _____ Age: _____

Camper Birth Date: _____

Parent Name: _____ Phone Number _____

Parent Email address: _____

Emergency Contact: _____ Phone Number _____

Does your camper have any Allergies or other physical issues that we should know about? _____

Liability Waiver Agreement: The undersigned hereby authorizes directors, coaches, staff and associates of The Brickyard to provide baseball instruction to my son/daughter. I certify that my child is physically able to participate in this facility. The undersigned understands that The Brickyard Cages., its directors, coaches, staff, and associates will not administer physical examinations and will rely solely upon the information shown on this form. In consideration of being allowed to participate in the activities and programs of The Brickyard Cages and to use its facilities, equipment and machinery in addition to payment of any fee or charge, I do hereby waive, release, and forever discharge The Brickyard Cages and its officers, agents, employees, representatives, executors, "The Brickyard" and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of The Brickyard or others acting on its behalf in any way arising out of or connected with my participation in any activities of The Brickyard Cages or the use of any equipment. I understand that the activity of baseball and softball, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I declare myself and/or my son or daughter to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as specifically set forth below. I do hereby acknowledge that I have been informed of a need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it had been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have his/her recommendation concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation, and utilization of equipment.

Signature _____ Date _____