

ARIZONA STATE BASEBALL ACADEMY

AMATEUR ATHLETIC MINOR WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participant in any way in the Sun Devil Baseball Academy athletic/sports program, and related events and activities, the undersigned:

1. Agrees that the parent(s), and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition and refuse to participate.

2. ACKNOWLEDGES AND FULLY UNDERSTANDS that each participant will be engaging in ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonable foreseeable at this time.

3. ASSUMES ALL THE FOREGOING RISK AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES following such injury, permanent disability or death.

4. RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Arizona State Baseball Academy, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. PLEASE MAKE RECORD THAT IN CASE OF OUR UNAVAILABILITY, WE ASK THAT YOU CARE FOR OUR MINOR CHILD SHOULD THE MEDICAL NEED ARISE. YOU ARE AUTHORIZED TO PERFORM OR ARRANGE FOR WHATEVER TREATMENT NECESSARY IN OUR ABSENCE. I HEREBY RELEASE, EXONERATE AND DISCHARGE THE CAMP AND ITS EMPLOYEES FROM ANY AND ALL ACTIONS, KNOWN OR UNKNOWN, FOR ANY INJURIES WHILE AT CAMP OR ON THE WAY TO OR FROM CAMP.

Camp Attending: _____

Player Name: (please print clearly): _____

Player Signature: _____

Parent / Guardian Signature: _____

Insurance Company: _____

Policy #: _____

Please mail this completed form to the Arizona State Baseball Academy prior to attending camp.

ASU Baseball Mailing Address: Arizona State Baseball Academy, c/o Sun Devil Baseball
PO Box 872505
Tempe, AZ 85287-2505

Or, you may scan and email this form to Brendan Cunningham at Brendan.Cunningham@asu.edu.