***SUMMER CLINIC***

***RIVALS TRAINING FACILITY – CLINIC REGISTRATION***

***RIVALS, LLC TRYOUT WAIVER***

I, (PARENT OR GUARDIAN), and/or my child HEREBY ACKNOWLEDGE that I and/or my child voluntarily applied and participated in the Rivals, LLC Summer Clinic.

I AND/OR MY CHILD AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

As lawful consideration for being permitted by Rivals, LLC to participate in these activities, I and/or my child hereby agree that I, our heirs, distributes, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of or persecute Rivals, LLC, any of its affiliated organizations, owners, officers, employees, agents, servants, or contractors for injury or damage resulting from negligence or other acts, howsoever caused, by Rivals, LLC, any of its affiliated organizations, owners, officers, employees, agents, servants, or contractors, as a result of my participation in these activities.

I and/or my child release and discharge Rivals, LLC, any of its affiliated organizations, owners, officers, employees, agents, servants, or contractors from all actions, claims, or demands, I and/or my child, our heirs, distributes, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in these activities.

It is the intention of the undersigned to exempt and relieve Rivals, LLC and associated parties from liabilities for personal injury, property damage or wrongful death caused by negligence.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Rivals, LLC and its affiliates and I sign of my own free will.

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Parent’s Signature Date

***PLAYER INFORMATION $150/player***

AGE: D.O.B.: FIRST NAME: LAST NAME:

PARENT’S NAME: PHONE: EMAIL:

ADDRESS: CITY: STATE: ZIP:

ALLERGIES/MEDICAL CONDITIONS/OTHER:

EMERGENCY CONTACT’S NAME: PHONE: RELATIONSHIP:

**\*\*SUNSCREEN SHOULD BE APPLIED EACH DAY BEFORE PLAYERS ARRIVE TO THE CLINIC, THANK YOU!**\*\*

**Player’s Checklist:**

\***Registration & Payment**

**\*Baseball Glove**

**\*Water Bottle w/ Name**

**\*Lunch / Snack**