



Group/League Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY AND MEDICAL RELEASE FORM

*Please read carefully. By signing this document, you forfeit certain legal rights*

I acknowledge I have voluntarily chosen to participate in play or practice of camps/ clinics/intramural activities and I have full knowledge of the risks this activity presents, including travel to, participation in, and returning from the activity. I am aware portions of this activity are not guided or supervised by the Staff of Double Play Sports Complex.

I understand by being permitted to participate in this activity, I agree to assume any and all risk of injury or death. I further understand and agree to assume responsibility for risk of theft, loss, or damage to my personal property, which may occur at any time arising out of my participation in this activity.

I understand and agree as a condition of participation in this activity, I will release from liability and will indemnify the member Double Play Sports Complex, their officers, directors, agents, employees, assigns, successors, or lessors for any damage, injury, or death to myself or any other persons or property, in any way connected with my participation in this activity. I understand there exist specific hazards associated with this activity, to include injury and/or death, and I accept full responsibility for these hazards.

I have carefully read this agreement and fully understand all of its terms and conditions. I understand this is a release of liability, which could legally prevent me from filing a lawsuit or making any other legal claim for damages in the event of my death or injury. With this knowledge, I am entering into this agreement fully and voluntarily. I agree the agreement is binding upon me, my spouse, my heirs, my children including any guardian ad litem for the children, my assignees, and legal representatives.

I understand and agree by signing this waiver and release on behalf of my minor child that I am giving up the same rights for the minor as I would be giving up if I signed this document on my own behalf.

**MEDICAL TREATMENT CONSENT:** I, the person and/or legal guardian of the listed named, authorize Double Play Sports Complex staff to seek medical treatment for the listed named, as they may deem necessary at any medical facility. I consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed healthcare provider. I understand this authorization is given in advance of any specific diagnosis, treatment, or hospital care and it is given to provide Double Play Sports Complex staff authority to seek medical treatment, and to provide a licensed healthcare provider the authority to administer this treatment as he/she judges necessary to the listed named. I accept responsibility for the payment of all services rendered. I understand whenever possible, Double Play Sports Complex staff will make a good faith effort to contact me before treatment is sought.

I understand and agree that I have read this entire waiver, release, and consent, have been provided with all necessary information, and I agree with the terms and conditions. Double Play Sports Complex does not provide insurance coverage for participants for injuries occurring while participating in play or practice of camps/ clinics/intramural activities. Any injury claim must be filed with the participant's own group insurance. Prior to participation, participants must review their own private coverage and understand the coverage and limitations of their personal policy in regards to extracurricular activities. We, the undersigned, have reviewed our personal insurance policies and understand that the Double Play Sports Complex is not responsible for any injury sustained by participants associated with camps/ clinics.

**By signing below, You acknowledge you have read the attached Waiver and Release of Liability and Medical Release Form and fully understand its terms. You affirm you are voluntarily participating in camps/clinics and further acknowledge you know, understand, and appreciate the inherent risks associated with club sports. You assume full responsibility for any and all injuries or damages that may occur to you as a result of the inherent risks associated with such.**

DATE \_\_\_\_\_ Signature of Participant \_\_\_\_\_

Emergency phone number \_\_\_\_\_ E-Mail address \_\_\_\_\_

DATE \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_  
(Required if Participant is Under 18)