

Medical Information and Acknowledgment of Risk

Medical Information and Acknowledgement of Risk in consideration of the services of WCBS, its agents, owners, officers, volunteers, participants, employees and all other persons or entities acting on behalf (hereinafter collectively referred to as "WCBS") I hereby agree to release discharge WCBS on behalf of myself, my children, my parents, my heirs and estate as follows:

1. I acknowledge that baseball entails both known and anticipated risks which may result in physical or emotional injury, paralysis, death or damage to me, to properly or to third parties.
 - a. Furthermore, WCBS employees have a difficult job to perform. They seek safety, but are not infallible. They might be unaware of a participants fitness or abilities. They may give inadequate warnings or instructions, and equipment being used may malfunction.
2. I agree and promise to accept and assume all of the risk existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.
3. I hereby voluntary release, forever discharge, and agree to indemnify and hold harmless WCBS from any an all claims, demands, or cause of action, which are in anyway connected with my participation in this activity or my use of WCBS equipment of facilities, including any such claims which allege negligent acts, omissions of WCBS.
4. Should WCBS, or anyone acting on its behalf be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage that I may cause or suffer while participating, or I agree to bear the cost of such injury or damage to myself. I further certify that I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
6. By signing this document, I acknowledge that if anyone is hurt or property damage during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against WCBS on the basis of any claim from which I have released herein. I have had sufficient opportunity to read this document and I have read and understand it, and I agree to be bound by its items.

In consideration of _____

Being permitted by _____

To participate in its activities and use the equipment and facilities, I further agree to indemnify and hold harmless WCBS from any and all claims which are brought by, or on behalf of minor which are in anyway connected with such use or participation by minor.

Parent of guardian _____

Print Name _____

Phone # _____

Known Allergies or Medical Conditions _____

Please respond to this application via email, fax, or by hand.

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