

Hazel Dell Little League
Batting Cage Waiver Release

We, the undersigned, understand that the above named facility, owned by Hazel Dell Little League, involves physical activity. We further understand that accidents can occur in the above named facility and that participants can occasionally suffer serious injury. Nevertheless, we hereby assume these risks of participating in the above facility. In return for allowing the listed minor and/or myself to participate, on behalf of the minor and/or myself, hereby waive, release and discharge any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter accrue to the listed minor or myself as a result of his/her participation in activities at this facility. This release is expressly intended to discharge in advance Hazel Dell Little League, Vancouver, Washington and its volunteers from and against any and all liability arising out of or connected in any way with the minor's or my participation at this facility. This release will apply even though liability may arise out of negligence or carelessness on the part of those discharged, including all volunteers. This waiver and liability release shall apply to the listed minor and myself, as well as any of our heirs, executors, or administrators. By our signature below, we hereby certify that we are either the participant or the parent or legal guardian of said minor and that we are acting in that capacity. Further, we acknowledge that we have read this document and all rules relating to the Hazel Dell Little League Batting Cages and understand the contents of both.

Signature of Participant (minor)_____

Signature of Parent or Guardian_____

Date_____

Participant Information:

Last Name_____First Name_____

Address_____

Home Phone_____Emergency Phone_____

Age of Minor_____

Parent: I, the above signed, acknowledge that Hazel Dell Little League owns the above named facility. I, the parent/guardian of the above named minor, hereby approve his/her participation in the above mentioned activity. Further, I consent to emergency medical treatment for this minor should the need arise. I expect that the activity supervisors will make an effort to contact me, time permitting, in accordance with information provided on HDLL registration form, before any treatment other than minor first aid is administered.

Signature of Parent/Guardian_____