

C.R.C. BASEBALL TRAINING PROGRAMS
WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I hereby voluntarily permit my child, _____, to participate in
(Please Print Child's Name)

The Community Recreation Center Baseball Program of Lansing, NY and The Program Administrator(s)

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

Initial Here

As consideration for being permitted by The Community Recreation Center and The Program Administrator(s) to participate in this activity, I hereby release and hold harmless The Community Recreation Center, The Program Administrator(s), volunteers, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold The Community Recreation Center and The Program Administrator(s), (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to The Community Recreation Center, The Program Administrator(s) and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to The Community Recreation Center and The Program Administrator(s) to disclose the information contained on the Emergency Medical Card to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

The Community Recreation Center and The Program Administrators do not disclose your nonpublic personal medical and financial information, except as required or permitted by law. The Community Recreation Center and The Program Administrators also do not provide any medical or other insurance protection.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE COMMUNITY RECREATION CENTER AND THE PROGRAM ADMINISTRATORS AND SIGN IT OF MY OWN FREE WILL.

NAME

Date

Emergency Contact Information:

(Please Print – Name)

(Contact Telephone No.)