

**STARS ACADEMY OF BASEBALL LP  
DBA STARS BASEBALL ACADEMY**

**WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

**TO BE COMPLETED AND SIGNED BY EVERY PARTICIPANT**

In consideration of my participation in activities made available to me by and at the facilities of Stars Baseball Academy ("SBA"), I hereby release and covenant not to sue SBA, its owners, shareholders, directors, officers, employees, representatives, agents, lessees and independent contractors from any and all present and future claims resulting from ORDINARY NEGLIGENCE and inherent risk of my participation in any activities or arrangements and the use of the facilities and equipment of SBA, including but not limited to any loss, injury, damage, or liability sustained by me while on or about the premises of SBA.

I am fully aware and understand that SBA does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.

I agree that immediately prior to participation in any activity arranged for me by SBA, I will inspect the facilities and equipment to be used and if any defect is apparent I will not use the facility or equipment and I will notify the management of SBA of the defect.

I further agree that if I am not knowledgeable in the proper use of any of SBA facilities or equipment I will obtain proper instruction for the correct use of such facility or equipment from a qualified individual before I will use the facility or equipment.

I further agree to indemnify and hold harmless SBA, its owners, shareholders, directors, officers, employees, representatives, agents, lessees and independent contractors from any and all claims arising from my involvement in or receiving instruction for activities incidental thereto wherever, whenever and however the claims may arise including but not limited to travel to and from the activity site and participation at remote sites.

I assume all the foregoing risks and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability or death resulting therefrom.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE AND ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.

Any person under the age of 18 years must have a parent or guardian co-sign this form. By their signature, said parent or guardian specifically assumes the Indemnity obligations hereunder.

Name of Participant (please print): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ email: \_\_\_\_\_