

ES Baseball Training

731 Paso Robles Street Suite B & C

Player's Name: _____ Age: _____ Birthdate: ____/____/____

Guardian Name: _____ Cell phone: _____

Email Address: _____

EMERGENCY & MEDICAL INFORMATION

Contact Name: _____ Cell: _____

Insurance Company: _____ Policy #: _____

Medications/Any medical conditions to be aware of: _____

Allergies: _____

ACKNOWLEDGEMENT of RISK and WAIVER LIABILITY

As parent or legal guardian of the player(s) named above, I understand and appreciate the risks associated with the sport of baseball and related activities. I am fully aware of the risk of injury involved, catastrophic injury, paralysis, even death as well as other damages and losses associated with participation in baseball, softball related activities. I understand that it is the intent ES Baseball Training to provide for the safety and protection of my child, and in consideration for allowing my child to use this facility, I hereby forever waive and release ES Baseball Training, it's officers, employees, instructors, directors, coaches, landlord, and independent contractors from all liability for any damages and injuries suffered by my child while under the instruction, supervision, or control of ES Baseball Training. **My child and I understand my child is required to wear a batting helmet at all times while hitting, swinging, loading machines, or tossing/throwing to another hitter.**

Medical Release: I hereby give my consent to ES Baseball Training to provide emergency care and to give authority to any hospital, or doctor to render immediate aide as might be required at the time for his or her health and safety. Image Release: I hereby give my consent to ES Baseball Training to use my child's image in any form of media, including print, television, internet, for advertisement, and promotional purposes.

As legal parent or guardian of the player(s) named above, I hereby verify by my signature below that I accept the conditions of the waiver and release and furthermore I permit my child to participate in the events provided by ES Baseball Training.

I HAVE READ AND FULLY UNDERSTAND ALL THE INFORMATION ABOVE.

Parent or Legal Guardian Signature _____ Date: _____

