

## RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

### READ BEFORE SIGNING

I give my approval and consent to the participation of

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(child's name)

IN CONSIDERATION OF my child being allowed to participate in any way with THE BACKYARD BASEBALL LAB, LLC related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in training, development, strengthening & conditioning, etc... are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

FOR MYSELF, SPOUSE AND CHILD, I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATION WITH THE BACKYARD BASEBALL LAB, LLC, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that my child is physically fit, has sufficiently prepared or trained for participation in this activity, and has not been advised to not participate by a qualified medical professional. I also warrant that my child or I are privately insured with a medical insurance policy.

I certify that there are no health-related reasons or problems, which preclude my child's participation in this activity. I acknowledge that THE BACKYARD BASEBALL LAB, LLC, the members, employees and all individuals responsible for the conduct of activities in which my child may participate will use this Accident Waiver and Release of Liability Form, and that it will govern my child's actions and responsibilities at said activity.

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I understand while participating in this activity, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by THE BACKYARD BASEBALL LAB, LLC. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name: \_\_\_\_\_

Age/Grade: \_\_\_\_\_

Any Medical Conditions/Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_