

**BRAINTREE BASEBALL CLUB**  
**PARTICIPANT RELEASE OF LIABILITY**  
**READ BEFORE SIGNING**

Participant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

In consideration of being allowed to participate in any way in the Braintree Baseball Club program, related events and activities, I, the undersigned acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation, and,
3. I willingly agree to comply with the stated customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately: and,
4. I, for myself and on the behalf of my heirs, assigns, personal representatives and the next of kin, HERBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE BRAINTREE BASEBALL CLUB, their officers, official, agents and or/employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY DEATH, or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent of the law.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Participant's signature

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

(Under 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Guardian signature

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO PARTICIPATING IN ANY CAMP, CLINIC, ACADEMY OR PROGRAM**