

**PARTICIPANT RELEASE OF LIABILITY-READ BEFORE SIGNING**

Participant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ Coverage #: \_\_\_\_\_

What camp(s) are you registered for? (Please indicate location and dates)

\_\_\_\_\_

In consideration of being allowed to participate in any way in an RBI Baseball Academy camp, clinic, or any other related event and activity, 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 for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this 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, hereby release, indemnify, and hold harmless Rappoli Baseball Inc. (RBI), their officers, officials, 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.

**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 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 this program as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

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

**PARENT/GUARDIAN'S SIGNATURE**

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