

Mozingo Baseball

Mozingo Velocity Clinic

Personal Information:

Child's Full Name: _____

Child's Birth Date: ____/____/____ Child's Age: _____

Child's School & Grade: _____

Parent/Guardian's Full Name: _____

Mailing Address: _____

Physical Address (if different than Mailing Address) _____

Mother's Place of Employment: _____

Father's Place of Employment: _____

E-mail Address: _____

Home Phone : (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Shirt Size: Youth: __M __L __XL Adult: __S __M __L __XL __XXL

Medical Information:

Insurance Company: _____ Policy/Group No: _____

Policy Holder: _____ Physician's Name: _____

Please list any known medical conditions (allergies/special needs, etc.):

Please provide information for the person we should contact in an emergency situation if you are unavailable:

(NAME)

(RELATIONSHIP TO PLAYER)

(PHONE NUMBER)

Medical

The parent/guardian authorizes Mozingo Baseball to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if any emergency occurs when he/she cannot be located immediately. I understand that this agreement covers only those situations, which are true emergencies only when I cannot be reached.

Participation

My Child has my permission to participate in the baseball instructional program offered by Mozingo Baseball. I/we assume all risks and hazard incidental to such participation, including transportation to and from the activities and I/we hereby waive, release and absolve, indemnify and agree to hold harmless the officers, directors, managers, and coaches of Mozingo Baseball for any claim arising out of injury to my child while participating in clinics, camps or private lessons offered and/or sponsored by Mozingo Baseball.

By signing below you agree to the above statements and that all information you have provided is correct.

Parent/Guardian Signature

Date

Mozingo Baseball

Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate

(NAME OF MINOR CHILD/WARD)

in any way in the Mozingo Baseball Instruction camps, clinics and/or related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
- I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention to the nearest official immediately and,
- I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Mozingo Baseball; its directors, officers, officials, agents, employees, volunteers, 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 incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS 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.

(PARENT/GUARDIAN SIGNATURE)

(DATE SIGNED)

(PRINT NAME)