

Name of Player: \_\_\_\_\_

**Liability Release**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE - PLEASE READ CAREFULLY!**

In consideration of The Windward Baseball Academy allowing me (or my child, if under 18) to participate in the above summer baseball league for the Skills Clinic and Showcase, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. I waive any and all claims that I have or may have in the future against Windward Baseball Academy, and their members, directors, officers, agents, employees, assigns, independent contractors, representatives and successors (hereinafter collectively referred to as the "WBA") and to release the WBA, both individually and collectively from any and all liability for any loss, damage, expense or injury, including death, that I or my next of kin may suffer as a result of my participation in the league's summer baseball season including games, practices, and other activities sponsored and coordinated by the Leagues.

2. I hold harmless and indemnify the WBA from any and all liability as to any claims for contribution or indemnification asserted by a third party resulting from my participation in the leagues summer baseball. Specifically, but without limitation, should I sue a third party, and should such a third party bring a Third Party Complaint against the WBA, then I will hold harmless and indemnify the WBA in defending such third party actions.

3. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity; and

4. This agreement and any and all rights, duties and obligations as between the parties to this agreement shall be governed by and interpreted solely in accordance with the laws of the State of Georgia.

In entering this agreement, I am not relying on any oral or written representations or statements made by the WBA with respect to the Skills Clinic and Showcase, other than what is set forth in this agreement.

I confirm that I have read and understand this agreement prior to signing it, and I am aware that my signing this agreement, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the WBA.

The undersigned Player, Parent or Guardian of the player (if under 18) accepts and approves this Release on behalf of both the Parent Guardian (if under 18) and the undersigned player/participant.

Please Print:

\_\_\_\_\_  
Last Name First Name Initial

\_\_\_\_\_  
Street Address City State & Zip

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18) Date

