

2015 South GA Softball/Angels Organization Hitting Clinic

November 15, 2015 at the Miner League Academy in Rincon, GA

201 Commercial Court, Rincon, GA 31326

Consent and Waiver Form

I _____ am the Participant or warrant that I am legally authorized to enter into this Waiver and Consent (“Waiver”) as the legal guardian of a participant (“Participant”) in the South Georgia/Angels Softball Hitting Clinic event (“Event”). I assume all liability and responsibility for the Participant arising out of or relating to Participant’s participation in the Event. I and the Participant are aware and understand that the Event involves serious risk of injury and I agree the Participant is participating voluntarily and with full knowledge of the risk of injury, death or property damage, whether caused by negligence or otherwise. As lawful consideration for Participant being permitted to participate in this Event, I hereby agree to the terms and conditions set forth in this Waiver. I, on behalf of myself and the Participant, hereby waive and release any and all claims, now known or hereafter known in any jurisdiction against South Georgia Softball, Angels Girls Softball Organization, Miner League Academy, Katie Rietkovich, the University of Ole Miss athletics and softball team and their respective officers, directors, employees, agents, affiliates, successors and assigns (collectively, “Releasees”) on account of injury, death or property damage to the Participant arising out of or relating to the Participant’s participating in, or travel to or from, the Event. I hereby agree to defend, indemnify and hold harmless Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorneys’ fees and costs arising out of or resulting from any claims by any third parties related to the Participant’s participation in the Event. I hereby certify that the Participant is physically and mentally able to participate in the Event. I hereby authorize Releasees to: (i) record the Participant’s participation and appearance on video tape, audio tape, film, photograph, or any other medium; (ii) use the Participant’s name, likeness, voice and biographical material in connection with these recordings; (iii) exhibit or distribute such recordings in whole or in part with no restrictions or limitations for any educational or promotional purpose; (iv) email or mail information to all addresses and email addresses provided to Releasees; and (v) release Participant information to college and professional scouts. By signing this Waiver, I understand and agree that there will be no refunds for any reason. I have read, understand and agree to this Waiver and understand I am voluntarily giving up substantial legal rights, including the right to sue Releasees on my own behalf and/or on behalf of the Participant.

Signed Name:

Date :

Print Name

Date of Birth of Participant:

Address:

CHECK ONE

- | | | | | |
|------------|---|---|------|-------|
| Ages 6-12 | - | 10:00 AM to 12:30 PM (check in starts at 9:30 AM) | \$45 | _____ |
| Ages 13-18 | - | 2:00 PM to 4:30 PM (check in starts at 1:30 PM) | \$45 | _____ |