



MIKE CAMERON
Baseball Academy

Guest Name _____ DATE _____

Agreement and Release of Liability

Waiver: In consideration of being allowed to participate in activities at Mike Cameron Baseball Academy, to use its facility, equipment and machinery in addition to the payment of any fee or charge, I **do hereby waive, release and forever discharge** Mike Cameron Baseball Academy and its owners, agents, employees, representatives, executors and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the facility. I do also hereby release Mike Cameron Baseball Academy, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Mike Cameron Baseball Academy or the use of any equipment at Mike Cameron Baseball Academy.

(GUEST INITIAL) _____

Assumption of Risks: I understand that I am aware that strength, flexibility and aerobic exercise, including the use of equipment can be a potentially hazardous activity. I also understand that these activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of Injury or death.

(GUEST INITIAL) _____

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities.

Guest Signature **Date**

Signature of Parent/Guardian of Minor **Date**