Medical Waiver Form

Player's Name: _____ **Date of Birth:** _____/_____/_____

School: _____ **Grade:** _____ **Grad Year:** _____

Parents' Names: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____-_____-_____ **Cell:** _____-_____-_____

Email: _____

2017-2018 Waiver of Liability

I hereby waive and release the All-Star Baseball Academy, LLC. from any and all liability for any injury or illness incurred throughout the duration of any Arena Baseball & Softball season, facility rental, individual/group lesson, camp or program. I have no knowledge of any physical impairment that would affect my child's participation in any and all aspects of participation included at the All-Star Baseball Academy, LLC. You expressly agree to release and discharge ASBA and all affiliates, employees, representatives, successors or assigns, from any and all claims or causes of action. This waiver and release of liabilities, without limitation, covers all injuries to you which may occur. Regardless of negligence, as a result of (a) your use of any and all ASBA equipment, products and amenities, (b) the sudden unforeseen malfunctioning of any equipment, (c) our instruction or supervision, and (d) your slipping and/or falling while in ASBA, or on ASBA premises, including adjacent sidewalks and parking areas. You acknowledge that you have carefully read this waiver and release and fully understand that is a release of liability. You agree to voluntarily give up the right that you may otherwise have to bring a legal action against ASBA for negligence, or any other personal injury or property damage of loss action.

Parent/Guardian's Signature: _____ **Date:** _____/_____/_____

Player's Signature: _____ **Date:** _____/_____/_____

52 Penn Oaks Drive, West Chester, PA 19382
Phone: 610-399-8050 **Fax:** 610-399-8553 **Web:** www.allstarbaseballacademy.com