CATCH-ALL BASEBALL, LLC Elite In-Field Training Camp January 5, 2019

Athlete's Name					Date
Atmete s Name	: Last	First		 Initial	Date:
Age		Ht.	Wt.		
General Health					
Health Problem					
Medications Ta	king				
Insurance Information (name and policy number)					
Additional medical Information					
		Λ.Τ.	HLETE'S RELEA	CE EODM	
Realizing that by participating in athletic events, my/our child may be seriously injured or killed, in consideration of your acceptance of this release from, I/we, the undersigned, intending for us and our child to be legally bound do hereby, for ourselves and our respective heirs, executors and administrators, WAIVE, RELEASE, ACCEPT THE RISK AND FOREVER DISCHARGE any and all rights and claims for damages which I/we and our child may have, or which may hereafter accrue against Catch-All Baseball, LLC and any local patrons, donors, hosts facility owners or any other support group organization, their respective officers, representatives, members, employees, volunteers, and successors involved in the conduct of the(Year) Catch-All Baseball, LLC training academy, season, camps and/or other team related activities (collectively the "Release") for all claims, liabilities, and damages which may arise out of partial or complete negligence or carelessness on the part of the Releasee in connection with my/our child's association with or participation in any event involving Release, or which may arise out of travel to and from such events. (Initial)					
my/our permiss for my/our child participation in by a licensed ph and/or any other personnel, amb information to a in the health his	sion for medical of to receive on a or returning from the street of the	our child to the own treatment and/or had ccount of any injur on events involving hysically able to paractivities. I/we autle or clinic which treate e company for the	ners, directors nospitalization ies sustained vacatch-All Base ticipate in the norize my/our chil purpose of a caseball, LLC nospication.	(including anesth which are caused of ball, LLC. I/we ve Catch-All Baseba insurance compa d. I/we also, auth laim. I/we ackno	r officials of Catch-All Baseball, LLC esia) as may be reasonably necessary directly or indirectly from travel to or crify that my/our child has been checked II, LLC training academy, season, camps ny to pay benefits to any medical norize the disclosure of medical wledge that the information disclosed be medical personnel who are involved
AUTHORIZATION TO USE OR RELEASE OF INFORMATION I/we hereby authorize Catch-All Baseball, LLC to allow the reproduction, dissemination, and/or publication of my/our child's name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, video or audio tape recording. This is to be done in conjunction with my/our child's participation with Catch-All Baseball, LLC training academy, season, camps and/or any other team related activity. I/we understand that I/we or my/our child will not be paid a fee or receive individual promotional consideration from my/our child's participation in such baseball season, training or camps or activities, nor will I/we or my/our child receive any payment for the possible commercial use of my/our child's name or likeness. (Initial)					
SIGNATURE OF	ATHLETE:				
NAME OF FATHER/GUARDIAN:					
SIGNATURE OF FATHER/GUARDIAN:NAME OF MOTHER/GUARDIAN:					
SIGNATURE OF	MOTHER/GIJARI	DIAN:			
					CELL PHONE NO.:
					CELL PHONE NO.:
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