

Informed Consent Release & Express Assumption of Risk Fastpitch Showdowns Player Development and Recruiting Clinics

Fastpitch Showdowns Player Development and Recruiting Clinic:

Session # (or dates):

I, _____, Parent or Guardian of _____
(Name of Parent or Guardian) (Name of Child)

desire for _____ to participate in all activities and events associated with Fastpitch Showdowns Player Development and Recruiting Clinics.

I realize that risk of injuries are an inevitable and inherent consequence of participation in any sport activity; and that no amount of reasonable instruction and supervision, proper use of equipment or facilities will prevent all injuries. I realize, and understand that severe injuries are possible even from sport camp activities. I understand and appreciate that such injuries can range from the most insignificant to death, and may include, but are not limited to, serious neck and spinal injuries which may result in partial or total paralysis; brain damage; loss of sight, hearing, sense of smell; or serious or permanent injuries to all bodily organs and functions. Serious injury can also occur to all or part of the musculoskeletal or nervous systems. All of these potential injuries can impact on the general health and well being of participants for the remainder of their natural lives.

I have carefully considered how the possible consequences of injury may impact my child's life, and I choose to knowingly and voluntarily accept this risk and allow him/her to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility and liability, and agree to indemnify and hold harmless, Faspitch Showdowns, the State and City where the clinic takes place as well as the local government and department that manages and maintains that fields where the clinics take place, and employees, officials or agents of any and all of the foregoing, pursuant to, pertaining to, related to, or arising from any injuries to my child as a result of his/her participation in this activity. I verify that my child is covered by health insurance and that Faspitch Showdowns, the State and City where the clinic takes place as well as the local government and department that manages and maintains that fields where the clinics take place, and the employees, officials or agents of the foregoing are not responsible for any health care expenses as a result of my child's participation in this activity. If I do not have health insurance, I agree to be totally responsible for any and all health costs associated with any injury incurred by my child in participating in this activity.

I verify that my child has no impairments that might endanger him/her in the participation of this activity. To maximize the safety of my child in this program, I understand that he/she must follow any and all applicable policies, directions and instructions during his/her participation.

In case of injury as a result of my child's participation in this activity, I hereby give advance permission to obtain medical service on behalf of my child, including but not limited to, paramedic treatment, transportation by emergency vehicle to a medical facility and treatment by emergency physicians. All extraordinary measures are to be taken in regard to treatment and I shall assume all financial responsibility as to any treatment. If emergency treatment is secured by the Clinic, I will indemnify and hold harmless Faspitch Showdowns, the State and City where the clinic takes place as well as the local government and department that manages and maintains that fields where the clinics take place, and the employees, officials or agents of the foregoing from any and all actions in the decision to seek emergency treatment.

By my signature below, I hereby acknowledge that I understand and voluntarily accept, on behalf of my child, the hazards, risks, rights and responsibilities noted in the release.

Signature of Parent or Guardian Date

Witness Date