



WAIVERS



PARTICIPATION AGREEMENT

I, _____ [print parent/legal guardian name of]

AND _____ [print child's name] acknowledge and fully understand that we will be engaging in activities that may involve risk of serious injury, including permanent disability or death. I assume all of the forgoing risks and accept personal responsibility for any injury, disability or death. I represent that the above participant is qualified, in good health and in proper physical condition to participate in this organized BLOOMFIELD BABE RUTH LEAGUE ("BBRL") EVENT. I authorize BBRL to request medical treatment as necessary to ensure the well-being of the participant(s) without legal liability whatsoever, inclusive of any responsibility for any negligent rescue operations. I/We the undersigned, for ourselves, or heirs, executors and administrators, waiver and release covenants not to sue and forever discharge BBRL, officers, agents, staff, instructors, trainers, coaches, representatives, employees, volunteers, successors, owners and lesser/lessees of the premises used to conduct the event or activity and assigns of any and all claims for damages to person or property which may be sustained or occur during participation in activities, to or from program whether paid damages, injury or loss are due to negligence or not.

I/ We have read the above and herby give permission for my child and myself to participate in this BBRL Event.

Participant's (child's) Signature: _____ Date: _____

Participant's (parent's) Signature: _____ Date: _____

VIDEO/PHOTO RELEASE – PERMISSION TO USE IMAGES

Further, I/We hereby give permission for images of me or my child, captured during regular and special BBRL activities & events through video, photo and digital camera, to be used solely for the purposes of BBRL's website, publicly and advertising. I agree that our names and identity may be revealed in descriptive text or commentary in connection with the image and wave any rights to compensation or ownership thereto.

Participant's (child's) Signature: _____ Date: _____

Participant's (parent's) Signature: _____ Date: _____

AMT\$ _____ CASH/CHECK# _____ PROCESSED BY: _____ DATE: _____