

2019 Royals Under the Rims Skills Camp Registration Form

Please mail this form along with fee to:

Royals Booster Club c/o Terry Miller, 1831 Walter Rd, Billings, MT 59105

Make checks payable to: Royals Booster Club

Player Name: _____

Address: _____

Phone: _____ Age: _____

Current Level of play: ☐ Minors ☐ 9-10 majors ☐ 11-12 majors ☐ Club League Name _____

T-shirt size: Youth _____ Adult _____

Parent/Guardian Name _____ Phone _____

Email _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risk that may arise from negligence or carelessness on part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity. I acknowledge that the event holders, sponsors, and organizers of the activity in which I participate will use this Accident Waiver and Release of Liability Form, and that it will govern my actions and responsibilities as said activity. I hereby take action for executors, my administrators, heirs, next of kin, successors, assigns, and myself as follows:

(A) I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my health, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, **THE FOLLOWING ENTITIES OR PERSONS: The Royals Booster Club and Billings American Legion Baseball post #4 and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holder, sponsors and volunteers.**

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or personal mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that The Royals Booster Club and Billings American Legion Baseball and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of the other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holder, producers, sponsors, organizers and assigns.

The accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under the law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND IT'S CONTENT. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PARTICIPANTS SIGNATURE	DATE	PARTICIPANTS PRINTED NAME	AGE
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PARENT/GUARDIAN SIGNATURE	DATE	PARENT/GUARDIAN PRINTED NAME
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(IF UNDER 18 YEARS OLD, PARENT OR GUARDIAN MUST ALSO SIGN)