



# SCBS Baseball Facility

2942 4<sup>th</sup> Street South, Waite Park, MN. 56387

## **RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK AGREEMENT.**

### **Release and Waiver of Claims**

In consideration of being allowed to participate at the facility known as SCBS Baseball Facility, I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur while attending or participating in any Facility exercise program, sport or physical activity. For allowing me to use the Facility I agree, to the fullest extent permitted by law as follows:

1. To waive all claims that I have or may have against the St Cloud Blue Sox, CarWinkel Holdings, CarWinkel Properties, its members, managers, employees, agents, servants, coaches, board members, and volunteers arising out of my use of the Facility.

2. To release St Cloud Blue Sox, CarWinkel Holdings, CarWinkel Properties, its members, managers, employees, agents, servants, coaches, board members, and volunteers from all liability for any loss, damage, injury or expense that I (or my child (ren)/ward(s)) may suffer, arising out of my use of the Facility, from any cause whatsoever, including negligence or breach of contract on the part of all the above named in the operation, supervision, design or maintenance of the facility.

### **Assumption of Risk**

I am aware that there are certain inherent risks, dangers and hazards associated with engaging in physical activities that can result in serious personal injury or death. As such, I hereby freely agree to assume and accept any and all known and unknown risks of injury associated with any use of the Facility. I further recognize and acknowledge that the risks inherent in engaging in physical activities can be greatly reduced by seeking instruction from a trained professional, consulting with my physician, using common sense and following the rules and regulations of the facility. I certify that I am in good physical condition and have no known disabilities that might be detrimental to my health or well being.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

Parent of Guardian must sign if the participant is UNDER 18.

SCBS Only : Age: \_\_\_\_\_ Coach: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone NO: \_\_\_\_\_