

DAHS YOUTH BASEBALL CAMP and/or PITCHER/CATCHER CAMP WAIVER FORM:

In consideration of being allowed to participate in the DAHS Youth Baseball Camp and/or DAHS Youth Pitcher/Catcher Camp, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my son's participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the DAHS coaching staff immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the DAHS baseball program, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT BY REGISTERING, I HAVE REGISTERED THE PARTICIPANT VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name _____

Grade _____ Session (Check One): Youth Baseball Camp _____ / Pitcher/Catcher Camp _____

Parent/Guardian Name(s) _____

Address _____

Emergency Phone Number(s) _____

Email(s) _____

Parent/Guardian Signature _____ Date Signed _____

*****Print this form**, complete, and turn into camp on the first day or mail prior to the start of camp to:
Harold Olson, c/o DeForest High School, 815 Jefferson Street, DeForest, WI 53532