

2026 RHS Winter Workout Waiver and Release Form

Name of player: _____ Birth Date: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone(s) (for text updates): _____

Player E-mail addresses checked most often: _____

Parent E-mail address checked most often: _____

Primary and Secondary Position: _____

I am fully aware of and appreciate the risks, including the risks of serious injury, as well as other damages and losses, associated with participation in a baseball event. I agree on behalf of myself, my heirs and personal representatives, that RHS Home Run Booster Club, Thunderbird Baseball, The Danbury Sports Dome, The Ridgefield Boys & Girls Club with respect to the covered event, together with all coaches, officials, volunteers, employees, agents, officers and directors of the host organization shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a covered event.

I hereby give my consent to the host organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in this event.

I will only participate in an event in which I believe I am physically and psychologically prepared to compete.

Participant Primary Med Insurance Carrier

Policy Number

Signature of Participant

Date

Name of Policy Holder

As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in this event and accept each of the above conditions, and especially the waiver and release set forth in paragraph one.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian