

**Ryan Douglass Field of Dreams Baseball Clinic  
Participant Release and Waiver of Liability Form**

I, the Undersigned, \_\_\_\_\_ (print name) do hereby acknowledge and assume the risk of participation by my child(ren) \_\_\_\_\_ (print name of child(ren)) in any and all activities sponsored by Ryan Douglass Field of Dreams Baseball Clinic, at its place of business or any and all locations where Ryan Douglass Field of Dreams Baseball Clinic activities take place. I hereby acknowledge **FOR MYSELF, MY SPOUSE, AND MY CHILD(REN)** that **I, ALONG WITH MY SPOUSE AND CHILD(REN) WILL RELEASE**, indemnify, and covenant not to sue Ryan Douglass Field of Dreams Baseball Clinic, its directors, affiliates, officers, staff members, employees, volunteers, advisors, property owners, and/or agents in any location where Ryan Douglass Field of Dreams Baseball Clinic activities are conducted, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor(s) or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and I hereby assume and accept the full risk and danger of any hurt, injury, or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever on behalf of my self, my spouse, and my child(ren).

It is further agreed and understood that I shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to my child(ren) as a result of his/her/their participation in any and all activities at or with Ryan Douglass Field of Dreams Baseball Clinic as aforesaid. I also agree that if I do not maintain in full force and effect a policy of insurance, I am still liable for medical treatment and all related costs in the event of an injury to my child(ren) as a result of his/her/their participation in any and all activities involving Ryan Douglass Field of Dreams Baseball Clinic as aforesaid.

I grant and convey to Ryan Douglass Field of Dreams Baseball Clinic all rights, title, and interests in any and all photographs, images, video or audio recordings of my child or children or my likeness made by Ryan Douglass Field of Dreams Baseball Clinic in connection with my child(ren)'s participation with any and all activities involving Ryan Douglass Field of Dreams Baseball Clinic.

The person executing this release acknowledges that there is a valid consideration to executing this release.

The invalidity of any statement or waiver of rights above under local, state, or federal law does not invalidate any other statement or waiver of rights above. Any disputes or claims must be brought in Allegheny County, Pennsylvania.

Any special medical conditions or medications that emergency personnel should be aware of:

\_\_\_\_\_

I have read and understand the Release and Waiver of Liability and enter into it willingly and voluntarily on behalf of myself, my spouse, and my child. By signing below, I affirm and acknowledge that I am the parent or legal guardian of the participant.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Printed Name of Parent of Guardian