

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.

I am aware of the highly contagious nature of bacterial and viral diseases, including, without limitation, the 2019 novel coronavirus disease (COVID-19) (collectively, the "Disease"), and I am aware of the risk that my child may be exposed to or contract the Disease by being on the premises and engaging in the Ryan Douglass Field of Dreams Baseball Clinic ("Activity"). I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability, death, or property damage. I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including those associated with the Ryan Douglass Field of Dreams Baseball Clinic. I understand that the Ryan Douglass Field of Dreams Baseball Clinic cannot guarantee that my child will not become infected with the Disease while on the premises or participating in the Activity and that being on the premises or participating in the Activity may increase my child's risk of contracting the Disease. **NOTWITHSTANDING THE RISKS ASSOCIATED WITH THE DISEASE, I ACKNOWLEDGE THAT I AM VOLUNTARILY PERMITTING AND CONSENTING TO MY CHILD ENTERING THE PREMISES TO ENGAGE IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF MY CHILD AND MYSELF SUSTAINING PERSONAL INJURY, ILLNESS, DISABILITY, DEATH, OR PROPERTY DAMAGE RELATED TO THE DISEASE OR OTHERWISE, ARISING FROM MY CHILD BEING ON THE PREMISES OR ENGAGING IN THE ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF THE LEAGUE OR OTHERWISE.**

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.

Parent or Guardian's Signature

Date:

Printed Name of Parent of Guardian