

## Waiver of Liability and Release for use of Batting Cages - TEAMS

Team Name

Main Contact: Please Print Name

Main Contact: Phone

Participants: Each team and every participant renting the cages at Santander Stadium must complete the Waiver of Liability and Release form. Please complete the following form and keep it in your possession. You must turn this form over when asked by any SCPAS official. We hereby acknowledge and agree that participation in the Batting Cages located within the Sanatnder Stadium has inherent risks. In consideration of the services provided by the respective parties, their agents, officers, participants, consultants, employees, and all persons or entities acting in any capacity on their behalf we now agree and certify as follows:

1. I acknowledge and fully understand that the participant listed below (if participant is 18 years of age or older) or parent/ legal guardian of the above listed minor participant, will be engaging in activities that may involve risk of serious injury which might result not only from my own actions, inactions, or negligence, but from the actions, inactions, or negligence of others or the conditions of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time. The risks may include, but are not limited to: nature of the activity, latent or apparent defects of conditions in equipment or property supplied by the respective parties or other entity; acts of other participants in this activity, employees or agents of the respective parties; my own physical condition, acts or omissions; conditions of the facility and surrounding grounds or terrain and accidents connected with their use; first aid emergency treatment or other services.
2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participating in this activity is purely voluntary and I elect, in spite of the risks, to participate. I assume all the foregoing risks and accept personal responsibility for the damages following such injury.
3. On behalf of myself, my children, my parents, my heirs, assigns, personal representatives I hereby voluntarily release, waive, forever discharge, and agree to indemnify and hold harmless any of the facility operators, and each of their respective commissioners, directors, agents, and other employees, its parent, subsidiaries, affiliates, employees, distributors, and agents, other Batting Cage participants, and, if applicable, operator or lessors of premises used to conduct the event/activity, from any and all liability for any and all claims, demands of causes of action which are in any way connected with my participation in this activity or my use of the equipment or facilities.
4. I hereby certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in these activities or alternatively I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
5. I hereby certify that I have read and am familiar with the Batting Cage Rules and will comply with conditions set forth therein.
6. I acknowledge and certify that I am at least 18 years old, or the parent or legal guardian of the participant under 18, and I agree ***I will wear a helmet at all times while in the Batting Cages.*** I hereby provide any of the respective parties permission to administer basic First Aid and I authorize any of the respective parties or its agents or employees to contact 911 or other emergency personnel as needed.

By signing this document, I acknowledge that if anyone is hurt, or property is damaged during participation in this activity a court of law may find me to have waived my right to sue any of the respective parties.

***I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.***

## Waiver of Liability and Release for use of Batting Cages - TEAMS

Please fill form out *completely*.

1.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

2.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

3.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

4.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

5.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

6.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

7.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

***Waiver of Liability and Release for use of Batting Cages - TEAMS***

8.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

9.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

10.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

11.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

12.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

13.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

14.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

**Waiver of Liability and Release for use of Batting Cages - TEAMS**

15.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

16.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

17.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

18.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number

19.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number\

20.	_____	_____	_____
	Participant Name	DOB	Participant Signature (Parent if under 18)
	_____	_____	_____
	Participant Address (Street, City, State, Zip)		Participant Phone Number