



Highland Area Baseball Association

CONSENT WAIVER AND RELEASE

I, the parent or guardian of _____ (“Player”), hereby gives consent for him/her to participate in any and all Highland Area Baseball Association clinic (“HABA”) activities. I assume all risks and hazards incidental to such participation.

I warrant and certify that the above named player has no known physical condition which would preclude him from participation in the HABA clinic.

I hereby acknowledge that some of the activities of the HABA clinic may be dangerous and involve the risk of serious injury. Furthermore, I warrant that said player will wear the necessary protective equipment required in the sport of baseball/softball, including, but not necessarily limited to, protective cup, helmet, chest protector and shin guards, and understands that I, as said player’s parent or guardian, am responsible for said player being properly equipped at all times while participating in HABA activities.

I do hereby release and agree to hold harmless HABA, its coaches, volunteers and representatives and the city of Saint Paul Department of Parks and Recreation from any claim arising out of an injury to said player, except to the extent and in the amount covered by HABA insurance. Furthermore, I do hereby release, waive, agree to hold harmless and to indemnify HABA, its coaches, volunteers and representatives, from any and all claims, demands or causes of action arising out of, or on account of, any injury said player sustained while participating in or arising out of his participation in any HABA activities.

I acknowledge that I have read and agree to all of the above.

PLAYER’S Name: _____

PARENT/GUARDIAN

Signature

Date

Print name of parent or guardian.