

Robbie Rea Baseball Camps, LLC

Assumption of Risk, Waiver, and Release of Liability

Participant Name: _____

Date of Birth: _____

1. Assumption of Risk I acknowledge and fully understand that participation in athletic activities, including baseball instruction, practice, and competition, involves inherent risks. These risks include, but are not limited to: - Bodily injury (including cuts, bruises, sprains, fractures, concussions, musculoskeletal injuries, or other serious injury), - Loss or damage to personal property, - In rare cases, permanent disability or death. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and I take full responsibility for my participation.

2. Release and Waiver of Liability I, for myself, my heirs, personal representatives, and assigns, hereby release, discharge, and agree not to sue: - Robbie Rea Baseball Camps, LLC, - Its owners, officers, employees, contractors, and volunteers, - Any properties, fields, or facilities used for Camp activities, from any and all claims, demands, causes of action, or liability for injury, loss, or damage arising out of participation in the Camp.

3. Medical Consent In the event of an injury or medical emergency, I authorize the Camp staff to provide or obtain necessary medical treatment. I understand that I am responsible for any and all related costs.

4. Acknowledgment of Understanding I have read this agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I sign this agreement freely and voluntarily.

Signatures Participant (18 or older):

Signature: _____

Printed Name: _____

Date: _____

Parent/Guardian (if participant is under 18): I am the parent/guardian of the above-named minor. I consent to their participation in the Camp and agree to the terms of this waiver on their behalf.

Signature: _____

Printed Name: _____

Date: _____