

TISCH BASEBALL ACADEMY
RELEASE AND WAIVER OF LIABILITY

Athlete's Name: _____ Date of Birth: _____

Parent's Name: _____

Telephone: _____ Email: _____

List any known medical conditions: _____

Please read and sign the following Waiver/Medical Release:

I understand that risk of injury in any type of exercise or sport is always a possibility and never completely preventable. I have fully disclosed to the owner, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the Tisch Baseball Academy. I have advised the owner of any limitations on my child's activities for medical reasons in writing above. Knowing and having been informed of the potential risks associated with participating in the baseball clinic, I hereby agree on behalf of myself, my family member, and my child to assume all such risks and further, to waive, release, discharge and hold harmless Tisch Baseball Academy and its owner from any and all liability, actions, causes of action, claims or demands for personal injury and /or illness of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's participation in the Tisch Baseball Academy. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I hereby give my permission for any, and all medical attention necessary to be administered to my child in the event of an accident, injury, or illness. I authorize Tim Tisch to request medical treatment, as necessary, to ensure the well-being of my child. I also hereby waive and release Tisch Baseball Academy from liability for injuries that may occur during training. I also understand that pictures taken at the clinics may be used in any promotional materials.

Parent/Guardian Signature: _____

Date: _____