

Hitting Zone Sports Complex/ Spokane LLC Training Facility Liability Release/Waiver

Name of Child/ward/participant: _____ DOB: _____

Name of Parent/Guardian:
(if participant is age 17 or younger) _____

In consideration of the permission granted to me/my child/ward to participate in the activities of The Hitting Zone Indoor Sports Complex Spokane LLC, I individually or as a parent/guardian hereby release, covenant not to sue and forever discharge The Hitting Zone Indoor Sports Complex Spokane LLC, its officers, employees, agents and coaches from any and all claims of liabilities with regard to my participation in any classes, clinics, camps, lessons, conditioning programs or batting cages.

I (individually or as a parent/guardian) further state and certify that I/my child/ward am able to participate in the described activities of the classes, clinics, camps, lessons, conditioning programs or batting cages. I/my child/ward further agree that should I/my child/ward become injured as a result of participation that I/my child/ward agree to release and hold harmless The Hitting Zone Indoor Sports Complex Spokane LLC, its officers, employees, agents and coaches from any and all liability for illness, injury, disability, death or loss damage to person or property and any consequences thereto and therefrom. This release shall inure to the benefit of The Hitting Zone Indoor Sports Complex Spokane LLC, its officers, employees, agents and coaches and shall be binding on my heirs, successors and executors. I/my child/wards name and any photographs or videotapes of me/my child/ward taken at the facility for its promotional purposes without the need to compensate me for such use.

I (individually or as a parent/guardian) have read this liability form and have been given sufficient time to review it and ask whatever questions I have relating to it. I fully understand the risks involved and that it is possible to sustain serious injury or death during the course of participating in the above described activities. I (individually or as a parent/guardian) acknowledge that my execution hereof is material to acceptance of my participation in classes, clinics, camps, lessons and conditioning programs or batting cages. I have given up substantial rights by signing this agreement and I have freely and voluntarily agreed to sign without inducement. Furthermore, by signing below, I agree that in case of accident while participating in the above described activities, I authorize The Hitting Zone Indoor Sports Complex Spokane LLC staff to act for me in securing medical treatment, and I release The Hitting Zone Indoor Sports Complex Spokane LLC, its officers and staff of any liability.

Date: _____
Parent/Guardian (if participant is age 17 or younger) or participant

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency contact Name & Phone: _____