



**8/16/25 Prospect Filming at McNair Field**

**Prospect Name:**

**Emergency Contact Name:**

**Emergency Contact Phone:**

**I, the undersigned, wish for my child to participate in the Baseball University Prospect Filming on the dates, times, and location as indicated above, in consideration for my child's participation, I hereby agree to as follows:**

I am aware that the workout involves competition and physical contact with/against/ other participants and that there is inherent risk of injury involved with such activities. The risks may arise from my child's/other participant's actions, or the condition of the premises. I acknowledge that specialized experience and skills may be necessary to participate and I confirm that my child possess such experience and skills. I acknowledge that my child is currently not suffering from, nor has he previously suffered from, any physical and/or mental disability which would preclude him from participation in the camp, that would endanger him or others or would interfere with his ability to safely participate. I acknowledge and agree that it is the responsibility of me and my child to determine whether my child is sufficiently fit and healthy to safely participate in the camp. I hereby release Baseball University, Asheville Christian Academy, and all of its coaches, employees, and volunteers from any and all liability for any injury that my child may suffer while at camp.

In the event of an accident or serious illness. I hereby authorize representatives of Baseball University to obtain medical treatment for my child. I hereby hold harmless and agree to indemnify Baseball University, the Forest City Owls, and any coaches, employees, and volunteers from any claims, causes of action, damages, and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur to my child during his participation in the camp. I consent to the above waiver

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_