

Brett Kaminski Baseball Camps, LLC

Waiver and Release of Liability

Participant Name: _____

Parent/Guardian Name (if under 18): _____

Camp Name & Date: _____

Acknowledgment of Risk

I acknowledge and fully understand that participation in baseball activities involves inherent risks, including but not limited to slips, falls, collisions, being hit by balls or bats, physical exertion, equipment failure, and exposure to outdoor conditions. I understand that these risks could result in serious injury, illness, or death.

Assumption of Risk

I voluntarily assume all risks, both known and unknown, associated with participation in the activity, even if arising from the negligence of Brett Kaminski Baseball Camps, LLC, its owners, coaches, employees, volunteers, or affiliates.

Release and Waiver

I hereby release, waive, discharge, and covenant not to sue Brett Kaminski Baseball Camps, LLC, its owners, officers, employees, volunteers, agents, and facility providers (collectively, the "Released Parties") from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury that may occur while participating in or traveling to/from the activity.

Medical Treatment

I authorize Brett Kaminski Baseball Camps, LLC personnel to secure emergency medical care or treatment as deemed necessary, and I assume full responsibility for any medical expenses incurred.

Indemnification

I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or cost they may incur arising from my participation (or my child's participation) in the activity.

Media Release (Optional)

I grant permission for Brett Kaminski Baseball Camps, LLC to use photographs, video recordings, and likenesses of the participant for promotional or educational purposes, without compensation.

Severability

I agree that this waiver is intended to be as broad and inclusive as permitted by Virginia law, and if any portion is held invalid, the remainder shall continue in full legal effect.

I have read and fully understand this Waiver and Release of Liability and sign it voluntarily. I acknowledge that by signing this document, I am giving up substantial legal rights, including the right to sue.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____ Phone: _____

Emergency Contact Name: _____

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