PILOT BASEBALL ACADEMY LLC

YOUTH BASEBALL CAMP PARTICIPATION AGREEMENT, LIABILITY WAIVER, ASSUMPTION OF RISK, MEDICAL AUTHORIZATION, AND MEDIA RELEASE

Participant Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

1. ACKNOWLEDGMENT OF RISKS

I understand that participation in baseball camps, clinics, practices, games, drills, conditioning activities, and related events involves inherent risks that cannot be eliminated regardless of the care taken by Pilot Baseball Academy LLC.

These risks include, but are not limited to:

- Being struck by bats, baseballs, or other equipment
- Collisions with players, coaches, spectators, or fixed objects
- Slips, trips, and falls
- Heat-related illness
- Physical exertion and conditioning activities
- Transportation-related risks
- Actions or negligence of other participants
- Serious injury, permanent disability, paralysis, illness, or death

I knowingly and voluntarily assume all risks associated with participation.

2. RELEASE AND WAIVER OF LIABILITY

I, on behalf of myself and/or my child, hereby acknowledge and understand that Pilot Baseball Academy, LLC is a privately run sports camp and is not operated by or through University of Portland. The Pilot Baseball Academy, LLC is neither sponsored, controlled, nor supervised by University of Portland.

In consideration for being allowed to participate in activities conducted by Pilot Baseball Academy LLC, I, on behalf of myself and/or my child, hereby release, waive, discharge, and covenant not to sue:

Pilot Baseball Academy LLC, its owners, managers, officers, directors, employees, coaches, instructors, independent contractors, volunteers, agents, representatives, sponsors, facility owners, and University of Portland, its staff, officers, regents, agents, employees, representatives, successors, and insurers ("Released Parties") from any and all claims, demands, causes of action, damages, losses, liabilities, costs, or expenses arising out of or related to participation in camp activities, including claims arising from the ordinary negligence of any Released Party.

This release applies to personal injury, illness, property damage, disability, wrongful death, and any other losses arising from participation.

3. MEDICAL AUTHORIZATION

I certify that my child is healthy and physically able to participate in Pilot Baseball Academy LLC camp activities.

In the event of injury or medical emergency, I authorize Pilot Baseball Academy LLC and its representatives to obtain emergency medical treatment deemed necessary.

I understand and agree that:

- Every reasonable effort will be made to contact a parent or guardian.
- Emergency medical care may be provided before contact is established.
- I am financially responsible for all medical expenses incurred.
- Pilot Baseball Academy LLC does not provide health insurance coverage for participants.

Medical Insurance Carrier: _____

Policy Number: _____

4. MEDICAL CONDITIONS AND MEDICATIONS

Please list any allergies, medical conditions, restrictions, or medications:

Special instructions:

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5. PARTICIPANT CONDUCT

Participant agrees to:

- Follow all camp rules and coach instructions.
- Treat other participants, coaches, officials, and staff respectfully.
- Refrain from bullying, harassment, hazing, threatening behavior, or inappropriate conduct.
- Follow all safety procedures.

Pilot Baseball Academy LLC reserves the right to remove any participant whose conduct creates safety concerns or disrupts camp operations. No refund shall be required for dismissal due to misconduct.

6. COMMUNICABLE DISEASE ACKNOWLEDGMENT

I understand that participation in group activities may expose participants to communicable diseases, including viruses, bacteria, and other illnesses.

I voluntarily assume these risks and release the Released Parties from claims arising from such exposure except where prohibited by law.

7. PHOTO, VIDEO, AND MEDIA RELEASE

I grant Pilot Baseball Academy LLC permission to photograph, videotape, and otherwise record my child during camp activities.

I authorize the use of such images and recordings for promotional, educational, social media, website, advertising, and marketing purposes without compensation.

8. PARENT/GUARDIAN INDEMNIFICATION

To the fullest extent permitted by law, I agree to indemnify and hold harmless the Released Parties from claims, damages, costs, or expenses arising from my child's conduct, violation of camp rules, or actions brought on behalf of my child.

9. SEVERABILITY

If any provision of this agreement is found unenforceable, the remaining provisions shall remain in full force and effect.

10. GOVERNING LAW

This agreement shall be governed by and interpreted under the laws of the State of Oregon.

11. ACKNOWLEDGMENT

I have carefully read this agreement. I understand its contents and understand that I am giving up certain legal rights, including the right to sue.

I sign this agreement voluntarily and intend it to be legally binding.

PARTICIPANT

Participant Signature: _____

Date: _____

PARENT OR LEGAL GUARDIAN

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

CAMP REPRESENTATIVE

Name: _____

Signature: _____

Date: _____