

JOSH TAYLOR BASEBALL CAMPS, LLC
Waiver of Liability, Assumption of Risk, and Indemnification Agreement

By signing below, I certify that I am a parent or the legal guardian of the following participant of the Josh Taylor Baseball Camps session to be held on November 6, 2021 at Toccoa Falls College (hereinafter "the Baseball Camp"): _____ ("child"). If an adult camper, 18 years of age or older, signs this Waiver on his own behalf, then any reference herein to "my child" or "the undersigned's child" shall be to the adult camper himself.

In consideration of the opportunity for my child listed above to participate in the Baseball Camp, I release Josh Taylor Baseball Camps, LLC, its Director, and all of its agents and employees (hereinafter, collectively "Josh Taylor Baseball Camps"), from any and all liability of any kind whatsoever for any loss or injury, including death, to my child or any loss or injury to our property, arising from my child's participation in the Baseball Camp, whether caused in whole or in part by the action, inaction and/or negligence or other conduct of Josh Taylor Baseball Camps. I, for myself and my child, along with our heirs, personal representatives, successors and assigns, do hereby freely and voluntarily agree to indemnify and hold forever harmless Josh Taylor Baseball Camps from any and all liability of any kind whatsoever for loss or injury to my child or our property, whether known or unknown arising from participation in the Baseball Camp.

I understand that my child may be included in photographs/videos that may be filmed during the Baseball Camp. By initialing here, I authorize Josh Taylor Baseball Camps to use these photos/videos to promote its programs and services in print, web, and other promotional contexts: _____ **(initial)**.

AUTHORIZATION TO OBTAIN URGENT OR EMERGENCY MEDICAL CARE:

As the parent or guardian of the child named in this release I give permission for the Director of the Baseball Camp to obtain urgent or emergency medical care for my child, and I authorize medical health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me prior to obtaining such care for my child, but I authorize such care whether I am contacted or not, and I agree to be financially responsible for such care. I certify that my child has had a physical evaluation within the last year and has been cleared to play sports activities, including baseball.

Medical Info:

Name of primary care physician: _____ Phone: _____

Please list any Allergies or Special health concerns you or your child/children may have, including any medications your child CANNOT take: _____ Medical Insurance Company and

Policy Group Number: _____

Medical Insurer's Phone Number: _____

I acknowledge that I have carefully read this agreement, understand its contents, and understand that this agreement includes an assumption of the risk of the released parties' negligence (not including proven gross negligence) and a release of their liability. I acknowledge that the released parties are materially relying on this waiver in allowing the undersigned's child to engage in the Baseball Camp.

Parent/Legal Guardian (signature)

Date signed Phone numbers (list two)

Adult Camper (signature) (18 years+ age)

Date signed Emergency Phone numbers (list two)