

**Fairleigh Dickinson University**  
**Release, Indemnification, and Hold Harmless Agreement**

**PLAYER WAIVER – FDU & DEMARRAIS BASEBALL LLC.**

In consideration for the Attendee being permitted to participate in the **Baseball Fall Instruction Series FDU Florham's Naimoli Ballpark** I do waive and release forever any and all rights for claims and damages I may have against Fairleigh Dickinson University, its trustees, officers, agents, and employees, from and against any and all liability for any harm, injury damage, claims demands, actions, costs, and expenses of any nature which Attendee, whether caused by negligence or carelessness on the part of the Fairleigh Dickinson University, its officers, agents, and employees, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this activity, due to the physical nature of the activity, including but not limited to falls, contact with other participants, and being injured by equipment used in the clinic.

Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment. I understand that this Activity is neither administered nor sponsored by Fairleigh Dickinson University and that **deMarrais Baseball LLC**, is providing this instruction outside the scope of employment with Fairleigh Dickinson University.

I agree to release, hold harmless, and indemnify Fairleigh Dickinson University, its trustees, officers, agents, and employees from any and all claims and liability arising out of the Activity.

I acknowledge that the foregoing release may include any clinic employee(s) that may also be employees of the University, but the release is not intended to waive any rights I may have against the clinic, or any clinic employee in their role as clinic employee.

**Attendee Emergency Contact Information:**

**Name of Emergency Contact:** \_\_\_\_\_

**Relationship to Attendee:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Attendee**

\_\_\_\_\_  
**Signed Name of Attendee (Age 18 & over)**

**If Attendee is a minor, under the age of eighteen, signature of Parent or Guardian is required:**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Signed Name of Parent/Guardian**