

Date: _____, 20__

ATHLETE'S NAME: _____
Last First Initial

ATHLETE'S RELEASE FORM

Realizing that by participating in athletic events, my/our child may be seriously injured or killed, in consideration of your acceptance of this release form, I/we, the undersigned, intending for us and our child to be legally bound, do hereby, for ourselves and our respective heirs, executors and administrators, WAIVE, RELEASE, ACCEPT THE RISK AND FOREVER DISCHARGE any and all rights and claims for damages which I/we and our child may have, or which may hereafter accrue against Catch-All Baseball, LLC and any local patrons, donors, hosts, facility owners or any other support group organization, their respective officers, representatives, members, employees, volunteers, and successors involved in the conduct of the 20__ Catch-All Baseball, LLC training academy, season, camps and/or other team related activities (collectively the "Releasee") for all claims, liabilities, and damages which may arise out of partial or complete negligence or carelessness on the part of the Releasee in connection with my/our child's association with or participation in any event involving Releasee, or which may arise out of travel to and from such events. (Initial)_____

CONSENT FOR MEDICAL TREATMENT

I/we hereby grant on behalf of our child to the owners, directors, coaches or other officials of Catch-All Baseball, LLC my/our permission for medical treatment and/or hospitalization (including anesthesia) as may be reasonably necessary for my/our child to receive on account of any injuries sustained which are caused directly or indirectly from travel to or participation in or returning from events involving Catch-All Baseball, LLC. I/we verify that my/our child has been checked by a licensed physician and is physically able to participate in the Catch-All Baseball, LLC training academy, season, camps and/or any other team related activities. I/we authorize my/our insurance company to pay benefits to any medical personnel, ambulance, hospital or clinic which treats my/our child. I/we also, authorize the disclosure of medical information to my/our insurance company for the purpose of a claim. I/we acknowledge that the information disclosed in the health history which we supply to Catch-All Baseball, LLC may be given to the medical personnel who are involved in the treatment of my/our child.

(Initial)_____

AUTHORIZATION TO USE OR RELEASE OF INFORMATION

I/we hereby authorize Catch-All Baseball, LLC to allow the reproduction, dissemination, and/or publication of my/our child's name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, video or audio tape recording. This is to be done in conjunction with my/our child's participation with Catch-All Baseball, LLC training academy, season, camps and/or any other team related activity. I/we understand that I/we or my/our child will not be paid a fee or receive individual promotional consideration from my/our child's participation in such baseball season, training or camps or activities, nor will I/we or my/our child receive any payment for the possible commercial use of my/our child's name or likeness.

(Initial)_____

SIGNATURE OF ATHLETE: _____

NAME OF FATHER/GUARDIAN: _____

SIGNATURE OF FATHER/GUARDIAN: _____

NAME OF MOTHER/GUARDIAN: _____

SIGNATURE OF MOTHER/GUARDIAN: _____

HOME PHONE NO. : _____

WORK PHONE NO.: _____

CELL PHONE NO.: _____

CATCH-ALL BASEBALL, LLC

PLAYERS NAME: _____

GENERAL INFORMATION AND BRIEF MEDICAL HISTORY

Age _____ DOB _____ Ht _____ Wt _____ School _____

General Health _____

Health Problems _____

Medications taking _____

Name and policy number of Insurance Company _____

Do you suffer from any of the following problems?

Allergies _____ Medications _____

Diabetes _____ Medications _____

Epilepsy _____ Medications _____

Asthma _____ Medications _____

Chronic Bronchitis _____ Medications _____

Shortness of Breath _____ Medications _____

Seizures _____ Medications _____

Breathing Problems _____ Medications _____

Have you suffered injuries to:

Hands _____ Treatment _____

Elbow _____ Treatment _____

Arms _____ Treatment _____

Shoulders _____ Treatment _____

Neck _____ Treatment _____

Back _____ Treatment _____

Torso _____ Treatment _____

Legs _____ Treatment _____

Knees _____ Treatment _____

Ankles _____ Treatment _____

Feet _____ Treatment _____

List any surgeries _____

Any other pertinent information _____

Pitching Machine Release Form

Date: _____, 20__

ATHLETE'S NAME: _____
Last First Initial

ATHLETE'S RELEASE FORM

Realizing that by catching from a pitching machine, my/our child may be seriously injured or killed, in consideration of your acceptance of this release form, I/we, the undersigned, intending for us and our child to be legally bound, do hereby, for ourselves and our respective heirs, executors and administrators, WAIVE, RELEASE, ACCEPT THE RISK AND FOREVER DISCHARGE any and all rights and claims for damages which I/we and our child may have, or which may hereafter accrue against Catch-All Baseball, LLC and any local patrons, donors, hosts, facility owners or any other support group organization, their respective officers, representatives, members, employees, volunteers, and successors involved in the conduct of the 20__ Catch-All Baseball, LLC Catching Class (collectively the "Releasee") for all claims, liabilities, and damages which may arise out of partial or complete negligence or carelessness on the part of the Releasee in connection with my/our child's association with or participation in any event involving Releasee, or which may arise out of travel to and from such events.

SIGNATURE OF ATHLETE: _____
NAME OF FATHER/GUARDIAN: _____
SIGNATURE OF FATHER/GUARDIAN: _____
NAME OF MOTHER/GUARDIAN: _____
SIGNATURE OF MOTHER/GUARDIAN: _____
HOME PHONE NO. : _____
WORK PHONE NO.: _____
CELL PHONE NO.: _____