

Group/Team/Parent Name: _____

Participant/Player Name (Print Please): _____

Address _____

Phone () _____ - _____

Email _____

ECP Sportzone, LLC PARTICIPANT WAIVER FORM

Please read before signing. By signing this document, you acknowledge that you have read and understand all risks involved in sports related activity at this facility and further agree to participate at your own risk.

1. The undersigned Participant certifies that he/she is in good physical condition and able to participate in any sports training activities including, but not limited to, physical strain and exertion. Participant certifies, further that any and all information he/she provided to ECP Sportzone, LLC is true, accurate and complete in all areas.

Initials _____

2. Participant understands and agrees that there are risks involved in participating in any exercise and sports training activity in any capacity, including but not limited to; coaching, training, playing or spectator. Participant acknowledges and agrees that the use of the facilities at ECP Sportzone, LLC naturally involves risk of injury to Participant and potentially others, whether caused by participant or anyone else, including without limitation, the risks inherent in use (or misuse) of sports and/or training equipment should participant elect to use such equipment. By requesting entry into ECP Sportzone, LLC or enrolling in any group or individual training program at ECP Sportzone, LLC, Participant voluntarily assumes all such risks. Participant agrees that to reduce the risk of injury, Participant shall comply with any and all rules of ECP Sportzone, LLC, including without limitations any safety rules and the requirement that players who are batting shall wear age appropriate batting helmets approved by the batters league or by a recognized safety organization. Participant is aware that neither, ECP Sportzone, LLC, nor any facility instructor, agent or employee provides medical advice or treatment, or medical or any other kind of insurance coverage, to Participant.

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3. Participant understands and agrees that ECP Sportzone, LLC will not be liable for any claim relating to any injury, harm, loss or damage, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to Participant, Participants spouse, Participants agents, guests, children, parents or other relatives, or any of their property, as applicable, resulting from the use of ECP Sportzone, LLC Baseball and Softball facilities. This limitation of liability applies to any and all (i) activities relating to indoor baseball/softball and/or sports training lessons, programs, practices, demonstrations, drills, batted or pitched balls, turf related activities, exercises required by instructors, coaches or trainers (ii) accidents, break-ins, vandalism, theft, or other activities at ECP Sportzone, LLC

Initials _____

4. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, ECP Sportzone, LLC.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Initials _____

Parent's or Legal Guardian's signature _____

Date _____