RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I, desire to participate/des	sire to allow my child,	, age	, to
participate in baseball instruction carried on by David			
there are certain risks of physical injury present in th	is activity due to its nature and charac	ter, including but not lir	mited to
injuries from flying baseballs, bats, running, jumping,		•	
assume the full risk of any such injury, including dea			
pation in any and all activities connected with or asso	•		
on my own behalf/my child's behalf and on behalf of			
agree to release, waive, discharge and covenant not			
ty and its owners from any and all liability for damage			
ful conduct of the named releasees or otherwise, du			
Hitting Baseball Instruction, including but not limited			
ing to and from the Number 9 Hitting Baseball Instru- harmless the named releasees from any and all loss			
that they may incur due to any such injury to the pers			
cident or illness, I authorize Number 9 Hitting to appl			
personnel for myself/my child.	ovo emergency medical a calment pro	was sy quamou mot	
, and the second			
I have and I fully understand the above Release, Wa	iver of Liability and Indemnity Agreem	ent I further agree that	t no one
has made any oral representations, statements or in	ducements apart from this agreement.		
I give my permission for		participate in Number	
ball Instruction. By signing this Release, Waiver of Lia			
may be videotaped and photographed and I allow Da		se any video and/or in	nage or
my son/daughter to promote baseball related clinics,	websites, products, etc.		
Signature (Parent/Guardian if participant is a minor)	Date	 	