



**CHEYENNE MUSTANGS YOUTH BASEBALL CLINIC
WED. JULY 13TH – 9:00 AM to 12:00 NOON
POWERS FIELD**

Participant Registration Form

Name: _____

Age: _____ **Date of birth:** _____ **Sex:** M F

Address: _____

Parent phone number: (_____) _____

**CONSENT FOR MEDICAL CARE, RELEASE,
ASSUMPTION OF RISK AND WAIVER**

In consideration of the above-name participant being allowed to participate in any way in this clinic or related events or activities, the undersigned acknowledges, appreciates, and agrees as follows:

1. The undersigned hereby gives consent for participation in the program described above and consent for emergency medical treatment or action deemed necessary by anyone present in order to ensure that the most immediate treatment can be obtained. This treatment may be given under whatever conditions are necessary in order to preserve the life or well-being of this player.

2. I, for myself and on behalf of participant, HEREBY RELEASE AND DISCHARGE, INDEMNIFY AND HOLD HARMLESS Cheyenne Competitive Baseball Association d/b/a Cheyenne Mustangs Baseball and its board members, officers, coaches, players, volunteers, agents, and any other persons or entities acting with them or on their behalf (the "Released Parties") from and against all claims, demands and causes of action relating to injury or harm to anyone arising in connection with any activities or participation in the clinic WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

3. I have been informed of and am aware of and assume all risks and damages incidental to and inherent in baseball activities, including but not limited to the danger of being injured by baseball bats, or hit or thrown balls. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES or others. I assume full responsibility for my child's participation and I WAIVE ALL CLAIMS AGAINST THE RELEASED PARTIES.

Date: _____

Signature of Parent or Legal Guardian