

# Carolina Elite Baseball, LLC

## PARTICIPATION WAIVER AND MEDICAL AUTHORIZATION FORM

### WAIVER MUST BE READ and SIGNED BY PARENT/GUARDIAN FOR ANY PARTICIPANT UNDER AGE 18

**Purpose:** FOR PARTICIPATES OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION). To give permission for participation in Carolina Elite Baseball, LLC. To enable parents to authorize the provision of emergency treatment for their children who are injured, or become ill while under the authority of Carolina Elite Baseball, LLC in the event the parents, or guardians cannot be reached.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Carolina Elite Baseball, LLC, James Molinari and any other volunteer coaches, from any and all liability from any claim that arises out of participation in Carolina Elite Baseball, LLC.

In consideration of \_\_\_\_\_, my minor child/ward ("my child"), being allowed to participate in the Carolina Elite Baseball, LLC Program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and,
- 3) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such to the attention of Carolina Elite Baseball, LLC; immediately; and
- 4) I understand that Carolina Elite Baseball, LLC may take photographs of me and others while we are participating in the program, and I hereby assign to Carolina Elite Baseball, LLC the right to any photographic image of me obtained during my participation in the program to be used by Carolina Elite Baseball, LLC for any purpose related to its activities.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

---

**Print Name of parent or guardian**

**Signature of parent or guardian**

**DATE**

### PARTICIPANT'S UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

---

**Print Name of parent or guardian**

**Signature of parent or guardian**

**DATE**