

# K R Baseball Academy Waiver Form

Name of Participant \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Emergency Phone:(\_\_\_\_) \_\_\_\_\_

I/We the parent(s)/guardian(s) of the above-mentioned minor child, hereby give my/our approval to his/her participation in the program. I/We assume all risks and hazards incidental to such participation; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the K R Baseball Academy, Inc., the organizers, sponsors, supervisors, participants, in the baseball activities for any claim arising out of an injury to my/our child.

I have read and understand the above document and sign it voluntarily. I acknowledge that entering my name on this form constitutes a digital signature that serves as an equal substitute to a written document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian