

Warren Hills Diamond Club Winter Baseball Clinic

Diamond Club

The Warren Hills Diamond Club is offering a winter clinic for baseball players in grades 5 - 8. The clinic will include instruction for all positions and hitting.

Where:

Warren Hills Regional High School - Auxiliary Gym

When:

Sundays: Jan 6th, 20th, and 27th

Time:

9AM - 11AM

Cost:

The cost for each player is \$75. Please make checks payable to "Warren Hills Senior League".

What to bring and wear:

Sneakers, bat, glove, helmet, catcher's gear and sweats or shorts

Space is limited, so don't get caught unprepared. If you are interested in participating in this program, please complete the attached registration form along with a check for the total cost of the clinic and mail them to:

Jesilyn Del Vecchio

1795 Rt. 57 Hackettstown, NJ 07840

ALL PLAYERS / PARENTS MUST COMPLETE AND RETURN THE ATTACHED FORM

All registration forms and payment must be received by Friday, December 21

This activity is not sponsored by the Washington Township School District

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any baseball activity ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree and represent that I (parent/guardian) and my child understand the nature of baseball activities and that I / my child am / is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I / my child believe the conditions to be unsafe, I / my child will immediately discontinue further participation in the Activity.
- 2. FULLY UNDERSTAND that: (a) baseball ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Warren Hills Diamond Club / Warren Hills Senior League, its administrators, directors, agents, officers, members, volunteers, team members, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT:				
PARTICIPANT SIGNATUR	RE:			
PARTICIPANT GRADE:				
PRINTED NAME OF PARE	ENT/GUARDIAN:			
ADDRESS:				
	(Street)	(City)	(State)	(Zip)
PHONE:		_		
PARENT / GUARDIAN SIG	GNATURE:			
PARENT / GUARDIAN EM	IAIL ADDRRESS:			
DATE:				

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