

MUSTANG HITTING FACILITY at EXCALIBUR
LIABILITY RELEASE FORM

I/We, the parents or guardians of _____ (Name)
Acknowledge and fully understand that she will be participating in activities that involve risk of serious injury, permanent disability, or death, which might result not only from the child's own actions, interactions or negligence of others, the rules of play or the conditions of the premises or of any equipment used. In consideration of the child being allowed to participate in any way in the Mustang Hitting Facility unconditionally release, waive, discharge, and covenant not to sue, and hereby agree to hold harmless the Mustang Hitting Facility, its officers, agents, coaches, employees, or volunteers of the Mustang Hitting Facility, including but not limited to Tim Patterson or any other coach, assistant coach, or person associated with the Mustang Hitting Facility, its sponsors and owners, and lessees of the premises used to conduct the event, from any and all liability for any and all claims, demands, losses, or damages on account of injury, including death, or damage of property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

I/We also understand that our/my child can be removed from the Mustang Hitting Facility by Tim Patterson for unsportsmanlike conduct, immoral activities, unethical play, drug or alcohol abuse, and any other activities that are not construed to be in the best interest of the facility or any of its players or the Mustang Hitting Facility. I/We also understand that any and all sign up fees, monies from fundraisers, contributions and any items collected, donated and/or given and received by the Mustang Hitting Facility shall not be refundable, and become property of the Mustang Hitting Facility.

I/We fully understand and accept the terms of this Liability Release, and have had a reasonable opportunity to have this Liability Release Form reviewed by an attorney. I have full authority to provide this Liability Release Form on behalf of my child, myself and any other person withstanding to bring suit on my child's behalf.

Parent / Guardian Signature

(Sign) _____ (Date) _____

Parent / Guardian Signature

(Sign) _____ (Date) _____



"Excellence is never an accident; failure is not an option!"

Mustang Hitting Facility Emergency Medical Information Form

My insurance company name is: _____

Policy number is: _____

Family Doctor is: _____

Doctor's Phone Number: _____

Family Dentist is: _____

Dentist Phone Number: _____

Dental insurance policy number is: _____

Should injury occur, I wish you would contact: _____

His/Her Phone number(s): _____

If there **IS** a choice, the hospital that I prefer is: _____

Hospital phone number is: _____

Please list any know allergies, medical conditions and medications: _____

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Coaches please verify that the above information is correct and completed to the best of their ability.

Coach or Manager Signature: _____ Date: _____

COACHES MUST CARRY A COPY OF THIS FORM TO ALL PRACTICES, GAMES, AND/OR ACTIVITIES AT THE MUSTANG HITTING FACILITY.

And a copy must be returned to Tim Patterson to be stored at the Mustang Hitting Facility prior to ANY athletic participation.