

**Jay Johnson Baseball Academy, LLC**  
**Release of Liability Waiver**

In consideration of being allowed to participate in any way in the Jay Johnson Baseball Academy athletic/sports program, and related events and activities, the undersigned:

1. Agrees that the parent(s), and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition and refuse to participate.

2. ACKNOWLEDGES AND FULLY UNDERSTANDS that each participant will be engaging in ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonable foreseeable at this time.

3. ASSUMES ALL THE FOREGOING RISK AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES following such injury, permanent disability or death.

4. RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the University of Arizona, Arizona Board of Regents, Jay Johnson Baseball Academy, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I/we have read the above waiver and release and waiver of liability, assumption of risk and indemnity agreement and understand that we have given up substantial rights by signing it and sign it voluntarily. Please make record that in case of our unavailability, we ask that you care for our minor child should the medical need arise. You are authorized to perform or arrange for whatever treatment necessary in our absence. I hereby release, exonerate and discharge the camp and its employees from any and all actions, known or unknown, for any injuries while at camp or on the way to or from camp. I/we will be responsible for all costs of medical attention provided.

Player Name (Please Print): \_\_\_\_\_

Player Signature: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

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

Cell Phone Number (Parent): \_\_\_\_\_

**Medical Insurance Information:**

Policyholder Name: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please fax or mail this completed form to the Jay Johnson Baseball Academy prior to attending camp.