



Calvin College Softball Pre- Spring Training Clinic

Jan 23, 2010

Name _____ Grade _____ High School _____

Address _____ Phone number _____

e-mail address _____

Pitching clinic _____ (\$30.00)

Hitting/defensive clinic _____ (\$45.00)

Both clinics _____ (\$60.00)

Make checks payable to Calvin College.

What to bring: glove, bat, water bottle, helmet (if you have one). Please wear tennis shoes.

Release and Waiver of Liability

I hereby give permission for my child (the "Participant") to attend and participate in the program(s) listed below being offered by Calvin College. In consideration of the Participant attending the program(s) listed below, I agree to the following:

I hereby release, waive, discharge and covenant not to sue Calvin College, its affiliates, officers, directors, employees, shareholders, members, representatives, attorneys, successors and assigns, or other participants (collectively, "Releases") from all liability to me, the Participant, Participant's heirs, executors, representatives, successors and assigns for any and all loss or damage, and any claim or demands thereof on account of injury to the person or property of, or resulting in death of, the Participant, while the Participant attends the program and any activities incidental thereto and whether caused by the negligence of the Releases or otherwise.

I hereby agree to indemnify and hold harmless the Releases from any loss, liability, damage, or cost of any and all kind they may incur due to the participation of the Participant in the program and any activities incidental thereto, whether caused by the negligence of the Releases or otherwise.

I acknowledge, understand, and assume all risks of the Participant and any activities incidental thereto which can result in great bodily harm or death, disability, paralysis, and/or other damage even under well-controlled circumstances. I have full knowledge of these risks despite the existence of rules, regulations, equipment and discipline. I accept all of these risks and any risks or dangers not known or which are not reasonably foreseeable, and I will not hold responsible Releases for injuries or damages resulting from the Participant's participation in these activities, wherever or however they occur.

Signature of Parent or Legal Guardian: _____ Date: _____

Participant's Name: _____