FITZGERALD-BEN HILL DEPARTMENT OF LEISURE SERVICES
BASEBALL

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS - - READ BEFORE SIGNING

IN CONSIDERATION OF ____________________, my minor child/ward ("my child"), being
(Child’s Name)
allowed to participate in any way in the DLS Baseball program, related events and activities, the
undersigned acknowledges, appreciates, and agrees that:

1. I do hereby agree to abide by all the rules and regulations set forth by the Fitzgerald-Ben Hill Department of
Leisure Services.

2. The risk of injury to my child from activities involved in these programs is significant, including the potential for
permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk,
the risk of serious injury does exist; and,

3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and
unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for
my child’s participation; and,

4. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I
observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will
remove my child from the participation and bring such attention of the nearest official immediately; and,

5. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin,
HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and
lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, disability, death, or loss
or damage to person or property incident to my child’s involvement or participation in these programs, whether
arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

6. I, for myself, my spouse, my child, and on behalf of my/our heirs , assigns, personal representatives and next of
kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above releases from any and all liabilities incident to my
involvement or participation these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent
permitted by law.

7. I also grant permission to supervising personnel or other department representatives to authorize and obtain
medical care from any licensed physician, hospital or medical clinic should the said person become ill or injured while
participating in recreation activities away from home, or at other times when neither parent is available to grant
authorization for emergency treatment.

8. REFUND POLICY: Refunds or Credits will be approved by the Athletic Coordinator or Director.
Refunds may only be issued prior to team formation. The refund form must be completed at the DLS
Office, with a copy of the original receipt at the time the refund is requested. Please allow up to 30
days for the refund to be processed. Parent/Guardian Initial______________________.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND I
FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL
RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY
INDUCEMENT.

X (Parent/Guardian Signature) (Print Name)  Date Signed:____________________
FITZGERALD-BEN HILL DEPARTMENT OF LEISURE SERVICES