



MOREHEAD CITY MARLINS

1208 PUCK ONEAL LN. MOREHEAD CITY, NC 28557
P: 252.269.9767 WWW.MHCMARLINS.COM

**CPL
CHAMPIONS**
2018 2019

MARLINS COMMUNICATIONS



@MHCMARLINS



FACEBOOK.COM/MHCMARLINS



@MHCMARLINS

WWW.MHCMARLINS.COM

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

Name of Participant _____

Participant's Age (6-15) _____

Participant's School _____

Address _____

Street

City

State

Zip

Parent/Guardian 1 Name _____

Relationship to Participate _____

Parent/Guardian 1 Email Address _____

Parent/Guardian 1 Phone Number _____

Parent/Guardian 2 Name _____

Relationship to Participate _____

Parent/Guardian 2 Email Address _____

Parent/Guardian 2 Phone Number _____



MOREHEAD CITY MARLINS

1208 PUCK ONEAL LN. MOREHEAD CITY, NC 28557
P: 252.269.9767 WWW.MHCMARLINS.COM

CPL CHAMPIONS

2018 2019

MARLINS COMMUNICATIONS



@MHCMARLINS



FACEBOOK.COM/MHCMARLINS



@MHCMARLINS

WWW.MHCMARLINS.COM

Emergency Contact _____

Relationship to Participant _____

Emergency Contact Email Address _____

Emergency Contact Phone Number _____

Does the participant have any medical conditions that we should be aware of that may impact him/her during baseball related activities? If yes, please explain.

Acknowledgment

By signing and dating below, I acknowledge that I have read and understand the following:

The above-named youngster is physically fit to participate in the Morehead City Marlins Summer Youth Baseball Camp. In the event of I hereby authorize the camp staff and directors to act accordingly to their best judgment in any emergency. I agree to indemnify and hold harmless Riverfront Sports and Ent; and their respective shareholders, directors, officers, employees, and agents, of and from all liability which may arise by reason of taking any action in accordance with the provisions of this paragraph, whether arising out of simple negligence or gross negligence of any type of nature. Camper having extensive experience and knowledge of the game of baseball further recognizes and agrees that baseball is a dangerous activity, and that in the course of playing the game or in practice, Camper may suffer injury, illness, or disability, which may result in permanent and total disability to Player or even in the death of Player, and that the possibility of injury, illness, disability or death cannot totally be eliminated without substantially affecting the quality and purpose of the game of baseball.



MOREHEAD CITY MARLINS

1208 PUCK ONEAL LN. MOREHEAD CITY, NC 28557
P: 252.269.9767 WWW.MHCMARLINS.COM

CPL CHAMPIONS

2018 2019

MARLINS COMMUNICATIONS



@MHCMARLINS



FACEBOOK.COM/MHCMARLINS



@MHCMARLINS

WWW.MHCMARLINS.COM

I, also understands and acknowledges the current environment and health risks associated with the COVID-19 virus; and further recognizes and agrees that in the course of being with and participating in camp, camper may contract the COVID-19 virus, which could lead Player to suffer an illness, disability, injury, or even death of Player. Accordingly, Player, for Player and all of Player's heirs, executors, administrators, personal representatives, and assigns, hereby absolutely and unconditionally release Riverfront Sports; and their respective shareholders, directors, officers, employees, and agents of and from all liability which they or any of them otherwise might incur by reason of any injury, illness, disability or death to Player while engaged in playing baseball or participating in any other activity, on behalf of Camp and team pursuant to this Agreement, whether arising out of simple negligence or gross negligence. The preceding sentence shall not be construed as absolving any person of or from liability from his or her own intentional misconduct or as eliminating any liability for damages to the extent of available insurance coverage. In addition, I agree to the usage of all images, videos, and other marketing related materials that are taken at the baseball camp. As a condition of this Agreement, I understand that he must and agrees that he will maintain his own personal medical insurance coverage at his own cost and expense.

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Date _____

In order to participate, you must bring a printed copy of this waiver on the first day of camp.