

Anderson Baseball Academy, LLC
Waiver of Liability
Use of Facility Located at
91 Washington Street, Holliston, MA 01746

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

- A. Waive, release, and discharge from any and all liability Anderson Baseball Academy, LLC, its elected and appointed officials, employees, students, agents, assigns, and volunteers for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me.
- B. Indemnify and hold harmless Anderson Baseball Academy, LLC, its elected its elected and appointed officials, employees, students, agents, assigns, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

I know that there may be risks associated with baseball, fitness, or other training activities and classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in this activity and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay ll reasonable costs related to the activities either to Anderson Baseball Academy, LLC or any third party, including any medical costs I incur.

Therefore, intending to be bound and as a condition of being allowed to participate in the activity. I have freely signed this waiver on the date indicated.

Print Participant Name: _____

Participant Signature: _____ Date: _____

If the participant is under 18 years of age, a parent or guardian must sign below on behalf of the participant.

Print Parent/Guardian Name: _____

Signature of
Parent/Guardian: _____ Date: _____