

WAIVER  
LA JOLLA HIGH SCHOOL BASEBALL CLINIC

I agree to indemnify and hold harmless the San Diego Unified School District, La Jolla High School, its Administration, Coaches, Players and the Foundation of La Jolla High School or any of the participants involved from any responsibility for accidents, injuries or death that may result from my participation in the La Jolla High School Baseball Clinic on February 17, 2019. In addition, I agree to accept total responsibility for any medical costs that may result from my participation in the L.J.H.S. Baseball Clinic which is voluntary and by signing this agreement, I consent to the above.

I assume all risk.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent or Guardian

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_