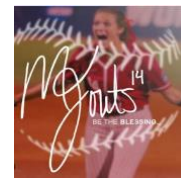


# MONTANA FOUTS



## Softball Camp

### REGISTRATION:

Participant Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Contact Email \_\_\_\_\_

AGE \_\_\_\_\_

**\*Please note all pitchers will need to bring their own catcher for camp\***

**\*Forms are to be submitted online through our website not email\***

**\*Camps take place in time zone of camp location\***

**BILL NOBLE PARK  
ALL SKILLS CAMP  
AUGUST 17<sup>th</sup> and 18<sup>th</sup>  
10:00 am – 1:00 pm CT**

**BILL NOBLE PARK  
5895 Bill Noble Drive  
Gardendale, AL 35071**

**10:00 am – 1:00 pm CT  
ALL SKILLS CAMP**

**CONTACT EMAIL FOR QUESTIONS:  
[mfoutscamp@gmail.com](mailto:mfoutscamp@gmail.com)**

### LIABILITY WAIVER

I, the signed player or the parent or legal guardian of a minor player named on this waiver, acknowledge, agree and understand that: 1.) Voluntarily and of my own free will, I elect to participate as a member of the Montana Fouts Softball Pitching and/or All Skills Clinic Camp indicated below. 2.) I understand that there are certain risks and hazards involved in participating in softball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I agree that in consideration for right to participate in this camp and in consideration for permission to play on the field arranged for by this camp: 1.) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the clinic so designated, (b) while serving in a non-playing capacity as a clinic member or observer during practice or play by other

clinic members, and (c) while on or upon the premise of all of the fields arranged for by the clinic for practice or play. 2.) I release, discharge and agree not to sue Be The Blessing, LLC and/or any owner or lease of fields on which the softball clinic is being held, or their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the clinic, league, field or BE THE BLESSING, LLC for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to the negligence, breach of contract or wrongful conduct of these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released, I

ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

### PARENT/GUARDIAN AFFIDAVIT

IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN WAIVER.

I HEREBY GIVE PERMISSION TO BE THE BLESSING, LLC, THE TEAM MANAGER AND/OR OTHER, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYERS WHICH I AM EITHER PARENT OR LEGAL GUARDIAN, IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. On behalf of the minor player, I hereby incorporate by reference and agree to comply with the policies stated in the affidavit. I also hereby give permission to BE THE BLESSING, LLC and its local associations to use in any and all publications that they may desire, all pictures taken of the minor player in their publicizing the Montana Fouts Softball Pitching and/or All Skills Camp.

I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied is correct to the best of my knowledge.

\_\_\_\_\_  
Parent Signature