**Waiver and Release of Liability**

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate in baseball/softball programs provided by the Bullpen Baseball School Inc.(“BBS”).

I understand and acknowledge that sports- training will involve physical activity that could involve injury to my child.

In consideration of being allowed to participate in the Bullpen Baseball School programs, the undersigned acknowledges, confirms and agrees that I:

1. In recognition of the infectious nature of the COVID-19 virus, and the potential to be infected by a person showing no symptoms of exposure to the virus, I understand that there exists a risk that my child could be infected with COVID-19 virus as a result of my child’s participation in Bullpen programs which covers: spring & summer camps; 8 & 10-week indoor programs; private lessons; organizational clinics and travel team program (as well as the usage of the facilities, fields, and/or batting cages arranged for by the BBS, and suffer serious medical consequences, even death, as well as financial loss, and in full knowledge and understanding of these risks , I declare that my child freely assumes such risks as a consequence of my choice to have my child participate in Bullpen Programs, that such participation shall be entirely at the risk of my child, and that I, on behalf of my child and their heirs, successors and estate, hereby irrevocably waive as against the BBS, all recourse, proceedings, claims, and causes of action of any kind whatsoever, in respect of any and all COVID-19 related personal injury or loss which my child may suffer arising out of or connected with my child attending the Bullpen programs, even if such injuries or losses may have been caused solely or partly by the negligence or breach of duty of the BBS.
2. accept the inherent risks associated with the participation in the BBS programs and the usage of the facilities, fields, and/or batting cages arranged for by BBS for lessons/clinics/camps and the possibility of personal injury, property damage or loss resulting there from;
3. accept that this waiver applies at all material times while my child is present in the facilities, fields, and/or batting cages arranged for by BBS for programs;
4. shall release BBS, agents, successors, assigns, officers and/or directors (“the Releases”) from any and all liabilities arising out of or connected with any loss, damage, injury or expense that may be suffered or sustained by the undersigned’s child as a consequence of, in connection to, the participation in the BBS programs and the usage of the facilities, fields, and/or batting cages arranged for by BBS for programs;
5. shall hold harmless and indemnify the Releases from any and all liability arising out of or connected with any loss, damage, personal injury or expense that may be suffered by the undersigned’s child and any third party as a consequence of, or in connection to, the participation in the BBS programs and the usage of the facilities, fields, and/or batting cages arranged for by BBS for programs to person or property, whether caused solely or partly by the negligence of the Releases or otherwise;
6. accept full responsibility for any damages caused directly or indirectly by my child to the equipment, facilities, fields, and/or batting cages arranged for by BBS for programs;
7. agree to inform the BBS staff of any medical condition or treatment that my child have prior to participating in the BBS programs; and
8. have read this release of liability and assumption of risk agreement, fully understand that I have given up substantial rights (including the right to sue the Releases for anything included in this document) by signing it and sign it freely and voluntarily without any provocation.

Signature of parent or legal guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or legal guardian (PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child (PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or legal guardian Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or legal guardian Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness (PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_