

The Baseball Station

GUEST/GROUP MEMBER RELEASE FORM

GUEST INFORMATION

DATE: _____

STUDENT NAME (TEAM / GROUP NAME) _____

AGE _____

DATE OF BIRTH _____

PARENT NAME (CONTACT PERSON FOR TEAMS / GROUP) _____

STREET _____

()
CELL PHONE # _____

CITY STATE ZIP _____

()
HOME PHONE # _____

E-MAIL ADDRESS _____

()
WORK PHONE # _____

GROUP/TEAM NAME: _____ **BASEBALL** _____ **SOFTBALL** _____

As a student, parent or guardian of a student, guest, or staff member, I hereby release and absolve The Baseball Station, LLC, Baseball Station, LLC Members & Employees, ProEdge Baseball and CCKK, LLC from any disability for injuries or damages which I may suffer at The Baseball Station.

I understand and agree that I have given up all rights of any claims or suits, now or in the future, which I may have against The Baseball Station, LLC, The Baseball Station, LLC Members & Employees, ProEdge Baseball and CCKK, LLC for any injuries or damages which I may suffer while a student, parent or guardian of a student, guest, or staff member of The Baseball Station.

I have read all of the above and I understand that this releases The Baseball Station, LLC, The Baseball Station, LLC Members & Employees, ProEdge Baseball, and CCKK, LLC from liability.

PARENT SIGNATURE

MONTH / DAY / YEAR