



**PROGRAM WAIVER AND RELEASE OF ALL CLAIMS**

**\*\* Please read this form carefully and be aware that in signing and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program. \*\***

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“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or losses which I may sustain as a result of participating in any and all activities connected with, or associated with, such program.”

“I agree to waive and relinquish all claims I may have as a result of participating in the program against the Southwest Sports Foundation, Next Level Sports, Austin Wings Baseball, Wings West Baseball, Hyde Park Baptist Church, Hyde Park Baptist Schools, James Ellison, Jose Sierra and all of their officers, agents, servants and employees.”

“I do hereby fully release and discharge the Southwest Sports Foundation, Next Level Sports, Austin Wings Baseball, Wings West Baseball, Hyde Park Baptist Church, Hyde Park Baptist Schools, James Ellison, Jose Sierra and all of their officers, agents, servants and employees from any and all claims from injuries, including death, damages or losses which I may have or which may accrue to me on account of my participation in the program.”

“I further agree to indemnify, hold harmless and defend the Southwest Sports Foundation, Next Level Sports, Austin Wings Baseball, Wings West Baseball, Hyde Park Baptist Church, Hyde Park Baptist Schools, James Ellison, Jose Sierra and all of their officers, agents, servants and employees from any and all claims from injuries, including death, damages or losses sustained by and arising out of, connected with, or in any way associated with the activities of the program.”

“I hereby certify that my child is fully capable of participating in the Wings West Baseball program and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. If my child does not have health insurance, he and our family will be responsible for all medical costs for him as associated with participation in the Wings West Baseball program. I do hereby authorize Wings West Baseball and its partners to: record my child’s participation and appearance on video tape, audio tape, film, photograph, or any other medium; use my name or my child’s name, likeness, voice and biographical material in connection with these recordings, and exhibit or distribute such recordings in whole or in part with restrictions or limitations for any educational or promotional purpose. I do hereby authorize Wings West Baseball to email or mail information to all addresses and email addresses provided to Wings West Baseball.

“I have read and fully understand the Program Details and Waiver and Release of All Claims Section.”

Player’s Name: \_\_\_\_\_  
(please print)

Parent/Guardian Name: \_\_\_\_\_  
(please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date