



METHODIST HEALTH SYSTEM
SPECIAL EVENT RELEASE AND WAIVER

TO BE COMPLETED BY PARENTS OR LEGAL GUARDIAN

I _____ the Parent or Legal guardian of _____ [insert child's name] ("Participant") acknowledge the existence of risks in connection with participation in the youth baseball skills session ("Skills Session"). I understand that participation in such activity can be dangerous and can possibly lead to serious and permanent bodily injury. Such bodily injury could impair the Participants ability to learn, to earn a living, to engage in other business, social and recreational activities and to generally enjoy life. I accept all risks of injury and death.

I acknowledge that the Skills Session and the use of equipment can be very strenuous, participation creates inherent risks which could lead to bodily injury, impairment, disability, or even death. I acknowledge the existence of the need for certain rules concerning the use of the equipment, and other activities related to the Skills Session. Therefore, I understand it is my responsibility to familiarize myself with the rules of the Skills Session; and I agree to fully abide by those rules, and will make every effort to ensure that the Participant obeys those rules, the instructions regarding all activities related to the Skills Session, and will ensure that the equipment used during the Skills Session is used properly so that the risks are minimized.

I knowingly and freely assume such risks, both known and unknown, in reliance upon my own judgment, and agree to accept complete and total responsibility for any injuries sustained by me or the Participant, due to the Participant's involvement in the Skills Session.

I acknowledge that Methodist Health System d/b/a Methodist Dallas Medical Center and the directors, officers, agents, contractors, advisors, subcontractors or employees make NO representations or warranties about the Skills Session or the conditions of the equipment used in the Skills Session.

I understand that my participation and the Participant's involvement in the Skills Session is voluntary and at my own risk and as such, I hereby agree to release and forever defend, indemnify and hold harmless Methodist Health System d/b/a Methodist Dallas Medical Center its directors, officers, agents, contractors, advisors, subcontractors or employees from any and all liability, costs, claims, injuries, harm, damage, or expenses whatsoever, whether or not based on negligence, including strict liability, resulting from any and all injuries, death, property loss or damage sustained by me or the Participant, resulting from involvement in the Skills Session or use of the equipment used during the Skills Session or any activity arising out of the Skills Session.

By signing this SPECIAL EVENT RELEASE AND WAIVER, I acknowledge that there has been no promise, agreement, warranty or representation made by Methodist Health System its directors, officers, agents, contractors, advisors, subcontractors or employees concerning the safety or liability of the Skills Session or its equipment. I also acknowledge that the Participant is medically sound and physically fit to participate in the Skills Session. I also acknowledge I have read this SPECIAL EVENT RELEASE AND WAIVER, and acknowledge my understanding and full agreement to its terms.

Parent/Legal Guardian Signature:

Parent/Legal Guardian Name Signature of Parent/Legal Guardian Date Phone Number