



ALL AMERICAN BASEBALL ACADEMY

Insurance Disclaimer For Entire Team

DISCLAIMER: ALL AMERICAN BASEBALL ACADEMY, INC. IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR IN ANY OTHER WAY INVOLVED IN ALL AMERICAN BASEBALL ACADEMY, INC. FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE ALL AMERICAN BASEBALL ACADEMY, INC. OR ITS AGENTS, EMPLOYEES, SPONSORS, VOLUNTEERS, THE OWNERS AND LESSORS OF THE PREMISES AND ALL OTHERS WHO ARE INVOLVED.

In consideration of my being allowed to participate in any way in the All American Baseball Academy, Inc. related events and activities I hereby release and covenant not-to-sue All American Baseball Academy, Inc. and any of their employees, instructors or agents, from any and all present and future claims resulting from ordinary negligence on the part of the All American Baseball Academy, Inc. or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction at the All American Baseball Academy, Inc. programs and activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns. Further, I am aware that baseball is a vigorous team sport at times involving severe cardiovascular stress and violent physical contact. I understand that baseball involves certain risk, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that baseball involves a particularly high risk of ankle, knee, head, and neck injury. In addition, I understand that participation at All American Baseball Academy, Inc. involves activities incidental thereto, including but not limited to, travel to and from the site activity, participation at sites that may be remote from available medical assistance, and possible reckless conduct of other participants.

I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I further agree to indemnify and hold harmless the All American Baseball Academy, Inc. and others listed for any and all claims arising as a result of my engaging in or receiving instruction in the All American Baseball Academy, Inc. activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Pennsylvania and agree that if any portion is held invalid the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in the state of Pennsylvania.

Release Waiver

The following signature guarantees All American Baseball Academy, Inc. that your team and you agree with the Insurance Disclaimer and are in possession of the following:

1. Insurance Coverage for your entire team: WE WILL NOT hold All American Baseball Academy, Inc. responsible for anything associated with injury or harm to any member of our team while participating in an All American Baseball Academy, Inc. program, camp or clinic. This applies to programs or events held indoors and outdoors, both on and off the field. I understand that All American Baseball Academy, Inc. DOES NOT CARRY INSURANCE for players and coaches.
2. Roster: All players are eligible and are the correct age.
3. I understand, agree, and will abide by all policies of the All American Baseball Academy, Inc.
4. Team Name: _____

Print Coach Name: _____

Coach Signature: _____ Date: _____

Director Witness: _____ Date: _____

My Signature affirms that I have read, understand and agree to all terms and conditions stated above.



ALL AMERICAN BASEBALL ACADEMY

TEAM CLINIC POLICIES

Insurance Liability and Academy Policies:

Organization is the key to a successful clinic. Please arrive with all of your paperwork completed along with a full payment. Coordinating the collection of forms and payments from your players and parents can be a daunting task. For this reason we ask you to prepare in advance. This will save you valuable time which your team will be able to use during your clinic. Full payment and liability waivers are required before the first session begins. The head coach of the team is responsible for obtaining payments and signed liability waivers from each of his players. The Academy will accept cash, checks or credit cards from each participant or one total payment from the head coach or your organization. Liability waivers are available at the Academy and can be obtained in advance. The attached Release Waiver and Insurance Disclaimer may be used to cover your entire team. Please read and understand the full extent of the assumption of risk before signing. Our goal is to provide you with an exceptional learning experience. Your cooperation is greatly appreciated.



ALL AMERICAN BASEBALL ACADEMY

Insurance Disclaimer For Individual Players

DISCLAIMER: ALL AMERICAN BASEBALL ACADEMY, INC. IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR IN ANY OTHER WAY INVOLVED IN ALL AMERICAN BASEBALL ACADEMY, INC. FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE ALL AMERICAN BASEBALL ACADEMY, INC. OR ITS AGENTS, EMPLOYEES, SPONSORS, VOLUNTEERS, THE OWNERS AND LESSORS OF THE PREMISES AND ALL OTHERS WHO ARE INVOLVED.

In consideration of my being allowed to participate in any way in the All American Baseball Academy, Inc. related events and activities I hereby release and covenant not-to-sue All American Baseball Academy, Inc. and any of their employees, instructors or agents, from any and all present and future claims resulting from ordinary negligence on the part of the All American Baseball Academy, Inc. or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction at the All American Baseball Academy, Inc. programs and activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns. Further, I am aware that baseball is a vigorous team sport at times involving severe cardiovascular stress and violent physical contact. I understand that baseball involves certain risk, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that baseball involves a particularly high risk of ankle, knee, head, and neck injury. In addition, I understand that participation at All American Baseball Academy, Inc. involves activities incidental thereto, including but not limited to, travel to and from the site activity, participation at sites that may be remote from available medical assistance, and possible reckless conduct of other participants.

I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I further agree to indemnify and hold harmless the All American Baseball Academy, Inc. and others listed for any and all claims arising as a result of my engaging in or receiving instruction in the All American Baseball Academy, Inc. activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I have private insurance coverage for the participant and will list the carrier and policy number below. In absence of this information, I assume all liability for such expenses. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Pennsylvania and agree that if any portion is held invalid the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in the state of Pennsylvania.

Release Waiver

The following signature guarantees All American Baseball Academy, Inc. that, I have read and fully understand the Insurance Disclaimer and agree to the terms and conditions stated.

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone Number: _____ Email Address: _____

Parent or Guardian's Signature: _____ Date: _____

Health Insurance Carrier: _____ Policy Number: _____