

Date _____

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Release of Liability for The Throw Center

I understand and am aware that the sport of baseball involves the risk of injury when conditioning, working out, working with weights and overhead ladders, running and throwing. I am aware I have been instructed not to work through pain in any activity. Mild pain while stretching and trying to loosen scar tissue in old injuries is acceptable. Some of the overhead ladder work and exercises may put stress on an old injury and I have been instructed to take care when working in events that may cause pain or additional injury. THE THROW CENTER'S full range of motion exercises is rigid and stress may occur if I am not in top shape upon my arrival. I have been instructed to send a doctors release if I am under the care of a doctor. I need to be fully healed. This is for my protection.

I agree to forever discharge and release THE THROW CENTER, their instructors, employees, agents, and owner(s) from any and all responsibility or liability for any and all injuries or damages I might receive in all activities I participate in. I agree not to make a claim against or sue the THROW CENTER, employees, agents, or owner(s) for injuries or damages relating to baseball or conditioning or the use of its equipment. I agree to release THE THROW CENTER, its employees, agents, and owner(s) from any and all responsibility and legal liability, whether it results from the use of this equipment or services by the user, or whether it results from any negligence or otherwise, including but not limited to the maintenance of this equipment or organization of this activity.

IT IS MY INTENTION BY THIS INSTRUMENT TO GIVE UP MY RIGHT TO SUE ALL PERSONS OR ENTITIES REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT. IT IS ALSO MY INTENTION TO EXEMPT AND RELIEVE THE THROW CENTER, ITS EMPLOYEES, ITS AGENTS, AND ALL EQUIPMENT OWNED AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE, AND I ASSUME ALL RISK IN CONNECTION WITH SWIMMING, ANY WORKOUT, OR DRILLS PERFORMED WHILE EITHER INDOORS OR OUTDOORS.

I have carefully read and hereby accept the terms and conditions of this agreement and release of liability. I am aware that this is a complete release of liability and a contract between THE THROW CENTER and myself and I sign it of my own free will.

Name: _____ Age _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ E-Mail _____

Signature: _____ Guardian _____

Date: _____ Witnessed by _____ Date _____