

**FOUR CORNERS ELITE BASEBALL DEVELOPMENT TRAINING PROGRAM PERMISSION AND RELEASE FORM
PLAYERS UNDER THE AGE OF MAJORITY MUST HAVE THE FOLLOWING WAIVER SIGNED BY A PARENT OR GUARDIAN.**

DIRECTIONS:

1. Print **ONE COPY PER PARTICIPANT**. To participate in the Four Corners Elite Baseball Development Training Program, **ALL PARTICIPANTS MUST SIGN THE FOLLOWING WAIVER**.
2. Each participant that has reached the age of majority in his/her province must complete and sign the waiver below.
3. Each participant under the age of majority in his/her province must have his/her parent or guardian sign the waiver below

All participants must complete and the sign the waiver on the first day of the program for which they are registered.

First Name: _____ Last Name: _____

Birthdate: ____ / ____ / ____ Age: _____
 dd mm yr

Address: _____ City: _____ Province: _____ Postal Code: _____

Tel: Home: (____) _____ Mobile: (____) _____ E-mail: _____

In consideration of the individual whose name is set forth above (the "Participant") being permitted by Four Corners Elite Baseball Development Training Program ("Four Corners") to participate in the baseball clinic program known in Canada as "Four Corners Elite Baseball Development Training Program" and the games, events and activities related thereto (collectively, the "Program"), Participant and if Participant is under the age of majority in the province in which Participant resides, I _____, the parent or legal guardian of the Participant, on behalf of Participant, hereby:

1. (a) acknowledges that Participant's participation in the Program involves risk of serious bodily injury, death, property damage and/or other harm which might result not only from the Participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, the conditions of the premises or of any equipment used, and that there may be other risks not known or reasonably foreseeable at this time; and (b) accepts sole responsibility for all of the hazards and risks to Participant and Participant's property associated with or related to Participant's participation in the Program and for any damage or injury that Participant may cause to others;
2. releases, waives and forever discharges any and all claims of damages or causes of action, including but not limited to, death, personal injury or loss or damage to property, which Participant or any of Participant's representatives, heirs, next of kin or assignees ("Participant's Representatives") may have or which may hereinafter accrue to Participant or Participant's Representatives as a result of Participant's participation in the Program or otherwise and which may be asserted by Participant, or Participant's Representatives against Four Corners, and their respective employees, proprietors, consultants, participants, officers, directors, owners, and affiliates (the "Released Entities");
3. agrees to indemnify and save and hold harmless the Released Entities from loss, liability, damage or cost they may incur due to the undersigned's participation in the Program, whether caused by the negligence of the Released Entities or otherwise;
4. in the event that the Participant is incapacitated, or if the applicant is a child, I hereby give you permission to seek out any necessary medical assistance required. In signing this waiver, the Participant and the parent or legal guardian of the Participant, on behalf of Participant, acknowledges that he/she has read and understands the conditions and certifies that he/she is in good physical and mental health.
5. I give and grant perpetually to the Released Entities and their respective affiliates, licensees, employees and agents, exclusively, the irrevocable right (including, without limitation, all now and hereafter existing common law, statutory and moral rights throughout the world and regardless of whether or not such rights are now known) in and to the Participant's services, performance and the materials created in connection with all photographs or video footage of the Participant produced or caused to be produced by the Released Entities in connection with the Participant's participation in and attendance at the Program (collectively, the "Materials") and in and to the results and proceeds of such services, including, without limitation, the perpetual and unlimited right to reproduce (by electrical transcription, tape or other recording process whether now known or hereafter developed) any and all of the Materials produced, and the complete and unencumbered right throughout the world, to exhibit, record, reproduce, broadcast, post on website, transmit, publish, sell, distribute, perform and use for any purpose, in any manner, by any means and in any medium, whether now known or hereafter developed, all or any part or parts of the matter and things referred to in this paragraph. I acknowledge that I shall not have or claim to have any right, title or interest in or to the Materials produced hereunder. The Released Entities may use all, or only a part, or none of the Materials, as they determine; and
6. if not signed by Participant's parent or guardian, represents that Participant has reached the age of majority in his/her province; and
7. acknowledges that the Released Entities are relying on the grant of rights contained herein.

Participant's Signature: _____ Print Name of Participant: _____

Parent or Legal Guardian's Signature _____ Print Name of Parent or Legal Guardian: _____
(if Participant is under the age of majority in the Province in which s/he resides)

Date: _____

4 CORNERS - CONTACT INFORMATION

First Name: _____ Last Name: _____

Age: _____

Home Address: _____

City: _____ Postal Code: _____

Contact No: Home: _____ Cell: _____

Email Address: _____

Parents Names:

Dad: _____

Mom: _____

Playing Positions: _____

Bats: _____

Throws: _____

LAST YEARS TEAM: _____

Print Name: _____

Signature: _____

Date: _____