



**PARENTAL WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION
AND MEDICAL CONSENT FORM**

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate in the programs of the Bo Jackson's Give Me A Chance Foundation.

I understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of baseball, as well as in traveling in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. Further, I agree that in consideration for the right to allow my child to participate as a member of the Bo Jackson's Give Me A Chance Foundation and in consideration for permission to play on the fields arranged for by Bo Jackson's Give Me A Chance Foundation and/or Cangelosi Baseball:

1. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the Bo Jackson's Give Me A Chance Foundation, (b) while serving in a non-playing capacity as a camp participant or observer during practice or play by other teams or by other camp participants, and (c) while on or upon the premises of any and all of the fields arranged for by the Bo Jackson's Give Me A Chance Foundation and/or Cangelosi Baseball.
2. I will willingly agree to comply with the Bo Jackson's Give Me A Chance Foundation and/or Cangelosi Baseball stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such concern to the attention of the nearest official immediately; and,
3. In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge and agree not to sue the Bo Jackson's Give Me A Chance Foundation and/or Cangelosi Baseball, the owner or operator of any field, or any person or entity connected with, Bo Jackson's Give Me A Chance Foundation, Cangelosi Baseball, or field for any claim, damages, costs including attorneys fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that my child is fully capable of participating in the Bo Jackson's Give Me A Chance Foundation and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to coaches and officials of the Bo Jackson's Give Me A Chance Foundation and Cangelosi Baseball.

I further agree on behalf of myself and my child and my/our heirs, assigns, personal representatives and next of kin, that I HEREBY RELEASE AND HOLD HARMLESS and fully indemnify Bo Jackson's Give Me A Chance Foundation and Cangelosi Baseball, their directors, officers, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the camp, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incidental to my child's involvement or participation in the camp, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASES OR OTHERWISE, from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

I acknowledge (a) that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, (b) that I understand each of the provisions in this agreement and (c) that I agree to abide by them.

Print Name of Parent/Legal Guardian: _____

Name of Child (please print): _____ **Date of Birth:** _____

Complete Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature of Parent/Legal Guardian: _____ **Date Signed:** _____