

2019 Summer Catching Clinic

Hosted by The Standard Performance and Dickey's Dugout

NAME or Team Name: _____
 DOB: _____ AGE: _____ HS Graduation Year: _____
 Email: (Print Clearly): _____
 Mailing Address: _____

 City: _____ State: _____ Zip Code: _____
 Parent/Guardian Name: _____ Cell Phone: _____
 Parent/Guardian Name: _____ Cell Phone: _____
 Travel Ball Team/Coach (if applicable): _____

Please circle the clinic and date you are registering for

Clinic	DATES	TIME	Fees
Catching Clinic	JUNE: 3,4	9am-3pm	\$225

*Please email forms to dickeysdugout@yahoo.com OR print and mail in forms to Dickey's Dugout Inc. : 1830 Airport Ind. Park Drive SE, Unit B-1 Postal Code 180, Marietta GA, 30060.

*PAYMENT DEADLINE is the start time of clinic registered for.

FORMS OF PAYMENT: Online Card Payment via dickeysdugout.com, Cash, Checks, Cashiers Check or Money Order. Make checks payable to Dickey's Dugout Inc.

***Required: Medical Release and Waiver Statement:** All attendees must submit the Camp Waiver form that will be provided before participating in camp or clinic. **All campers must have their own medical coverage.** CAMPERS WILL NOT BE ALLOWED TO PARTICIPATE UNLESS THE FOLLOWING INFORMATION IS SUBMITTED AND THE FORM SIGNED BY THE PARENT OR LEGAL GUARDIAN OF THE CAMPER. Furthermore, campers must submit a Release Form and Camp Waiver form that recognize Haleigh Dickey, Courtney Sutter nor CSutter Academy LLC, Dickey's Dugout Inc. and any staff, agents, employees, representatives, successors and assigns thereof will be held liable of any loss, personal injury, or property damage sustained or occurring during participation of camp or clinic while at event.

Campers Insurance Company: _____ Policy #:

Company Address: _____ Phone:

In addition, I agree to the terms of registration and payment as stated in this application. I also understand that the clinic/camp registration will not be accepted without FULL PAYMENT at the deadline, as well as, the SIGNED PREPARTICIPATION FORM (with front and back copies of insurance card), RELEASE FORM AND CAMP WAIVER FORM. I also agree to the refund and cancellation policy that no refunds will be rewarded if requested after the start of camp/clinic.

Parent/ Legal Guardian Signature(s): _____ Date:

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WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND CONSENT FORM

I, the undersigned, for myself and/or as the parent or legal guardian of the child named below, do hereby consent for myself and/or for the child named below to be present at, observe and/or participate in baseball lessons, clinics, workouts, strength training, agility training, physical conditioning and the like provided by CSutter Academy LLC and Dickey's Dugout Inc. and its employees of and/or independent contractors.

For myself and/or as the parent or legal guardian of the child named below:

(1) I understand that by its very nature, the game of baseball is hazardous and risky, including, but not limited to risks associated with, the act of pitching the ball, having the ball hit back at the pitcher, fielding the ball, swinging the bat, running, jumping, and sliding into base; and

(2) I understand that there are certain risks of serious injury, or even death, inherent in the observation, practice, training and play of baseball and in the other activities described and contemplated above. The risks may include, but are not limited to: the nature of the activity; latent or apparent defects of conditions in equipment or property supplied by or otherwise made available by CSutter Academy LLC and Dickey's Dugout Inc. or other persons or entities; acts of observers or other participants in these activities; employees, agents or contractors of CSutter Academy LLC and Dickey's Dugout Inc.; my own or my child's physical condition, acts or omissions; conditions of CSutter Academy LLC and Dickey's Dugout Inc. facility and surrounding grounds or terrain and accidents connected with their use; first aid emergency treatment or other services. **I am willing to assume these risks for myself and on behalf of my child.**

On behalf of my child and myself, for and in consideration of the right to be present at or to utilize CSutter Academy LLC and Dickey's Dugout Inc. facilities whether for the purpose of observing, participating in the activities described or contemplated above, or for any other purpose, I hereby agree that:

1. My or my child's participation in these activities or presence at or use of CSutter Academy LLC and Dickey's Dugout Inc. facility and equipment is purely voluntary and I elect, in spite of the risks, to observe and/or participate. I voluntarily elect to accept and solely assume all risks of injury or death incurred or suffered by me or my child while present at or in CSutter Academy LLC and Dickey's Dugout Inc. facilities and/or premises;

2. I voluntarily release, waive, forever discharge, and agree to defend, indemnify and hold harmless CSutter Academy LLC and Dickey's Dugout Inc., and each and all of its respective members, shareholders, directors, officers, agents, representatives, insurers, landlords, employees and contractors along with their respective parent companies, subsidiaries, affiliates (collectively, the "Released Parties") from and against any and all liability for any and all claims, damages, injuries, demands or causes of action which arise from, relate to or are in any way connected with my or my child's presence at CSutter Academy LLC and Dickey's Dugout Inc. or observation or participation in the herein described or contemplated activities or my or my child's use of any JCS Sport's equipment or facilities. Further, I agree not to sue CSutter Academy LLC and Dickey's Dugout Inc. or any of the Released Parties 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 me or my child from whatever cause which arise from, relate to or are in any way connected with my or my child's presence at CSutter Academy LLC and Dickey's Dugout Inc. or observation or participation in the herein described or contemplated activities

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or my or my child's use of any CSutter Academy LLC and Dickey's Dugout Inc.'s equipment or facilities.

3. I hereby certify that I have and/or my child has adequate insurance to cover any injury or damage may be caused or suffered while observing or participating in these activities or alternatively I agree to bear the costs of any and all such injuries or damages myself. I further certify that neither I nor my child has any medical, physical or mental conditions, which could interfere with my or my child's safety or the safety of others in these activities.

ON BEHALF OF MY CHILD AND MYSELF, I ACKNOWLEDGE 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, THAT I UNDERSTAND EACH OF THE PROVISIONS IN THIS AGREEMENT AND THAT I AGREE TO ABIDE BY THEM. I FURTHER UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Consenting Party and Participant Signature (or Parent/Guardian if participant is under age 18) For myself and the minor child,

Signed:

 Print Name of Signatory Minor's Name:

Relationship:

Date: _____

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PARENT CONSENT FOR PHOTO RELEASE

I give CSutter Academy LLC and Dickey's Dugout Inc. my permission to take video and photography of my child

_____. I understand that these images may be used in print publications, online publications (such as Facebook, Instagram, and Twitter), presentations, and websites. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Child's Name

Parent Name

Parent Signature

Date