CORONA CAGES

"COME PLAY WITH US!"

Identification #: _____

ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION AGREEMENT

ASSUMPTION OF RISK

I acknowledge that baseball/softball/basketball activities and batting cage lessons (the "Activities") entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to me, my children, my wards, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities. These risks include, among other things: being struck by a batted or thrown ball, being struck by a swinging or thrown bat, collision with other participants, muscular strains and tears, fractured bones, bruises, cuts, organ damage, nerve damage, head injuries, and psychological damage.

CORONA CAGES employees have difficult jobs to perform. They seek safety, but they are not infallible. They may be unaware of a participant's condition, fitness, or abilities. They may give inadequate warning or instructions and equipment being used might malfunction.

I AM AWARE THAT THE ACTIVITIES ARE HAZARDOUS. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES WITH KNOWLEDGE OF THE RISKS INVOLVED, AND HEREBY AGREE TO ACCEPT ALL RISKS OF INJURY AND DEATH TO MYSELF, MY CHILDREN, AND MY WARDS.

I certify that neither myself, my children, nor my wards have any medical or physical conditions which could interfere with my safety in the Activities.

RELEASE AND INDEMNIFICATION

In consideration of the services of CORONA CAGES, I hereby release and give up the right to hold DH Training, Inc. doing business as CORONA CAGES ("CORONA CAGES"), their agents, owners, officers, directors, employees, volunteers and participants liable for any claims, demands, damages, injuries, or lawsuits (collectively "Claims") arising from the participation in the Activities by myself, my children, or my wards. I agree to pay all the costs incurred by CORONA CAGES, including reasonable attorney fees, as a result of such Claims.

Should CORONA CAGES or anyone acting on their behalf be required to incur attorney fees and costs to enforce this Assumption of Risk, Release and Indemnification Agreement, I agree to pay and hold CORONA CAGES harmless from such costs.

I have had sufficient opportunity to read this entire document, and agree to be bound by its terms. I agree that any modifications of this Assumption of Risk, Release and Indemnification Agreement by me shall be void and have no effect.

I certify that I am the legal parent or legal guardian for whom this Application/Registration form is being completed if this application/registration form is for a child under the age of 18. I agree to the Assumption of Risk, Release and Indemnification Agreement attached hereto as page 1 and have received a copy of this Agreement.

Please sign and date:

Participant Name (print) Participant Signature Date of Birth Date

Parent/Guardian Name (print) Parent/Guardian Signature (participant under age of 18) Date

Phone # Cell #

Street Address City Zip

EMail Address

Team Name: _____