

Traverse City Baseball LLC  
Waiver and Release of All Claims



Please read this form carefully and be aware you are registering yourself and your group for participation in this event. You will be waiving and releasing all claims for injuries you or your group members might sustain arising out of this event.

As a representative of the group or as a participant in the program, we recognize and acknowledge that there may be certain risks and we agree to assume the full risk of any injuries, damages or loss which any member of the group sustains as a result of participating in any and all activities connected with or associated with such event.

We agree to waive and relinquish all claims we may have against Traverse City Baseball and its officers, agents, servants and employees as a result of our groups participation in the event.

We do hereby fully release and discharge Traverse City Baseball and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss as a result of our groups participation in the event.

We further agree to indemnify and hold harmless and defend Traverse City Baseball and its officers, agents, servants and employees harmless from any and all claims resulting from injuries, damages and losses sustained by our group and arising out of, connected with or in any way associated with the activities of the event.

We have read and fully understand the above Program Details and Waiver and Release of All Claims.

***Please Print***

Participant Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City/Sates/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Date of Waiver: \_\_\_\_\_