

ATL METRO LEADERSHIP AND SPORTS ACADEMY (“M.L.S.A.”)

LIABILITY RELEASE WAIVER FORM (FACILITY USE)

Player Name: _____

Age _____ Grade _____ D.O.B _____

Address: _____ City _____ State _____ Zipcode _____

Player # _____ Parent # _____

Emergency Contact/Relation to Player _____ / _____

Emergency Contact # _____

Known Medical Conditions _____

In signing this form, I understand the inherent risks associated with participating in batting cage activities, and release all liability from the Coaches, Players, and ATL M.L.S.A. from any injury that may occur while participating in batting cage activities. This includes but not limited to, Hitting, Fielding, Strength and Conditioning, All baseball or softball practice related activities, etc.,

I, further, give permission to the coaches to administer any necessary medical attention to my son/daughter in case of injury. I will be notified immediately at above listed numbers if such an occasion occurs. If unable to reach me, I give consent for M.L.S.A. staff to seek necessary medical care deemed in the best interest of my son/daughter until I am reached to be notified of the situation. I also understand that my insurance company or I will accept all medical expenses.

Parent(s) Signature _____ Date _____

_____ Date _____