



**2017 CHICAGO MUDCATS
SUMMER CLINICS
MEDICAL WAIVER & MEDIA RELEASE**

I hereby voluntarily permit my child to participate in the Chicago Mudcats' SUMMER CLINICS. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY.

As consideration for being permitted by THE CHICAGO MUDCATS to participate in these activities, I hereby release and hold harmless THE CHICAGO MUDCATS, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold THE CHICAGO MUDCATS (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to THE CHICAGO MUDCATS staff, trainers and volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to THE CHICAGO MUDCATS staff and volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. THE CHICAGO MUDCATS also does not provide any medical or other insurance protection or benefits for those who participate in THE CHICAGO MUDCATS programming.

THE CHICAGO MUDCATS Clinics' participant's parent or legal guardian, grants to THE CHICAGO MUDCATS and press and media admitted to the Program by THE CHICAGO MUDCATS the right to photograph, videotape or otherwise digitally collect the THE CHICAGO MUDCATS participant's name, likeness, voice, sounds or other baseball/softball related attributes (as "Works") during participation in the Program. THE CHICAGO MUDCATS participant, or THE CHICAGO MUDCATS participant's parent or legal guardian, further irrevocably assigns and grants to THE CHICAGO MUDCATS all rights in these Works and the right to use or sublicense these Works and THE CHICAGO MUDCATS participant's name, likeness and biography, in THE CHICAGO MUDCATS' discretion, in all media and in all forms or purposes, including without limitation, advertising and other promotions for THE CHICAGO MUDCATS, without any further consideration to the THE CHICAGO MUDCATS participant or THE CHICAGO MUDCATS participant's heirs, assigns, legal and personal representative(s).

Please continue to the following page for signature. Please complete one signature page per camper.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF RELEASE OF INFORMATION.

Player Name (please print): _____

Parent Name (1): _____

Parent (1) Signature: _____

Date: _____

Parent Name (2): _____

Parent (2) Signature: _____

Date: _____

Clinic Name: _____

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