



## MEDICAL WAIVER

This document establishes my desire to participate in the Pro Ball Baseball Clinic (“event”). I hereby represent that I am physically capable of participating in and completing this activity and that I have had the opportunity to, and have been advised to consult my doctor(s) regarding any physical and/or medical condition which might be effected by or effect my participation herein. If I am aware of or under treatment for any physical and/or emotional infirmity, ailment or illness, my medical care provider knows of my condition and has approved of my participation in this event.

I acknowledge that I, and I alone, am solely responsible for my personal health and safety. I further agree that my participation in the event is subject to the sole discretion of the organizers of the Pro Ball Baseball Clinic, and that my participation may be limited for medical and/or other health and safety reasons. In the event that any injury precludes me from making a rational decision regarding my health care and treatment, I authorize the Director of the Pro Ball Baseball Clinic to act in his best judgment in such emergency cases, and I hereby waive any claim against Pro Ball Baseball Clinic for so acting.

Should medical treatment become necessary as a result of my participation in said event, I assume all financial and legal costs related to emergency medical treatment and/or hospitalization, and I hereby agree to indemnify, defend and to hold Pro Ball Baseball Clinic harmless from any such costs so incurred.

**I further state and affirm that the above statements are true and correct.**

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Print name

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Date

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Signature