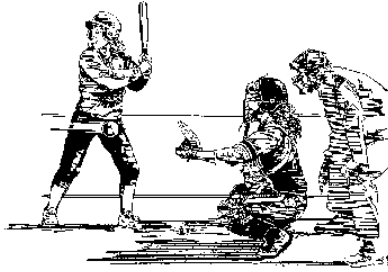


**PONYTAIL POWER ADVANCED PITCHING CLINIC**

**[WWW.PONYTAILPOWER.ORG](http://WWW.PONYTAILPOWER.ORG)**



**THIS FORM MUST BE COMPLETED AND RETURNED TO CHARLENE ROGERS  
PRIOR TO PARTICIPATION**

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Age \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

**Agreement, Waiver and Release**

In consideration for being permitted to participate in the above pitching clinic, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to be, as a result of participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

**PARENTAL CONSENT:** (to be completed and signed by parent/guardian if applicant is under 18 years of age.)

I hereby consent that my daughter, \_\_\_\_\_ may participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name (Printed) of Parent/Guardian

\_\_\_\_\_  
Date