

Full Count Sports Academy and/or Coach Don Spore's Waiver & Release of Liability

In consideration of being allowed to participate, in any way, in Full Count Sports Academy and/or Coach Don Spore's Thunderbolt Baseball Velocity Enhancement Program, related events and activities the undersigned acknowledges, appreciates and agrees that:

1. The participant has been medically certified to participate in strenuous and demanding activity.
2. The risk of injury from activities in this program is significant when not focused
3. Participant knowingly assumes all risks, both known and unknown.

I have read this release of Liability and Assumption of Risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

X _____ Date Signed _____
Participant Signature

X _____ Age _____ M / F _____
Print Name

Paid _____

FOR PARTICIPANT OF MINORITY AGE [under 18 at time of Registration]

This is to certify that I, Parent/Guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the releases, and I release and agree to indemnify the releasees from any and all liabilities incident to my minor child's involvement of participation in this program.

X _____ Date Signed _____
Parent/Guardian Signature

Mailing Address _____

Email 1 _____ Home Phone _____

Email 2 _____ Cell Phone _____

Emergency Contact _____ Phone _____