

4th Annual ULTIMATE GAME Softball Clinic

Lauren Lappin, Vicky Galindo, Diane Ninemire, Kellie Wilkerson,
L.B. Bailey, Rob Crews, Bridget Orchard, Emily Friedman,
Tammy Lohmann, Bridgette Quimpo & Ed (GoGo) Lovelace

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CLINIC FEE:	COACHES: \$80	
REGISTRATION:	Online: www.playballgroup.com Once you register online please sign the waiver of liability on this form and fax to 914-663-4379 to complete your registration	By Mail: Mail this form with a check made payable to: PLAY BALL GROUP MAIL to: Play Ball Group, LLC 660 White Plains Road Ste. 120 Tarrytown, NY 10591

SESSIONS: GROUP 1 (DEC 5: 9:00AM-12:30PM & DEC 6: 1:00PM- 4:00PM)
Please select a session GROUP 2 (DEC 5: 1:30PM -5:00PM & DEC 6: 9:00AM-12:00PM)

NAME _____

SCHOOL or ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PHONE NUMBER _____

EMAIL _____

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

The undersigned voluntarily makes and grants this Waiver of Liability and Assumption of Risk in favor of Play Ball Group, LLC (the "Company"), as consideration for the opportunity for me to use the facilities, equipment, materials and/or other assets of the Company; and/or to receive assistance, training, guidance, tutelage and/or instruction from the personnel of the Company, its directors, coaches, staff, volunteers, or instructors; and/or to engage in the activities, events, sports, festivities and/or gatherings sponsored by the Company. I acknowledge that I am participating in these activities on my own time and of my own choice and assume all risk in connection thereto. I know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players and coaches, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Company from any and all liability connected with my participation in the aforementioned recreational activities, and from any claim arising out of any injury to myself whether the result of negligence or from any other cause.

Attendee Signature _____ Date _____