

Date: \_\_\_\_\_

This form must be read and signed before the supervisor and its participants are permitted to take part in all activities &/or events for the “Madison Mallards Kids Clinic at the Ballpark”. By signing the agreement, the supervisor affirms having read it.

**Release of Liability & Waiver Agreement**

In consideration of my participation in the Madison Mallards Kids Clinic at the Ballpark, I acknowledge, appreciate and agree that:

I hereby agree to waive any damages or claim whatsoever that I may have against the Madison Mallards, its members, agents, directors, or servants, as a consequence of any injury to, or death of, the above named applicant, however caused, while participating in any form of the above named activities.

I have read this Release of Liability and Waiver Agreement, fully understand its terms and sign it freely and voluntarily.

Child's Name \_\_\_\_\_

Guardian's Signature \_\_\_\_\_

Guardian's Name (Printed) \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_