

Waiver of Liability and Release for use of Vegas Valley "Batter's Box"

Last Name	First Name	Middle Initial	DOB
Street address		City	State Zip () - Phone Number

I hereby acknowledge and agree that participation in the Hitting Tunnels located within the Batter's Box has inherent risks. In consideration of the services provided by Vegas Valley Batter's Box, their agents, officers, participants, consultants, employees, and all persons or entities acting in any capacity on their behalf (hereinafter referred to as VVBB) I now agree and certify as follows:

1. I acknowledge and fully understand that I, _____, the participant (if participant is 18 years of age or older) or parent/legal guardian of the above listed minor participant, will be engaging in activities that may involve risk of serious injury which might result not only from my own actions, inactions, or negligence, but from the actions, inactions, or negligence of others or the conditions of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time. The risks may include, but are not limited to: nature of the activity, latent or apparent defects of conditions in equipment or property supplied by the VVBB or other entity; acts of other participants in this activity, employees, volunteers or agents of the VVBB; my own physical condition, acts or omissions; conditions of the VVBB facility and surrounding grounds or terrain and accidents connected with their use; first aid emergency treatment or other services.
2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participating in this activity is purely voluntary and I elect, in spite of the risks, to participate. I assume all the foregoing risks and accept personal responsibility for the damages following such injury.
3. On behalf of myself, my children, my parents, my heirs, assigns, personal representatives I hereby voluntarily release, waive, forever discharge, and agree to indemnify and hold harmless the VVBB, and each of their respective commissioners, directors, agents, sponsors, and other employees, its parent, subsidiaries, affiliates, employees, distributors, and agents, other Hitting Tunnel participants, and, if applicable, operator or lessors of premises used to conduct the event/activity, from any and all liability for any and all claims, demands of causes of action which are in any way connected with my participation in this activity or my use of the VVBB equipment or facilities.
4. I hereby certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in these activities or alternatively I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
5. I hereby certify that I have read and am familiar with the Vegas Valley Batter's Box Rules and Regulations and will comply with conditions set forth therein.
6. I acknowledge and certify that I am at least 18 years old, or the parent or legal guardian of the participant under 18, and I agree ***I will wear a helmet at all times while in the hitting tunnels.*** I hereby provide VVBB permission to administer basic First Aid and I authorize its agents or employees to contact 911 or other emergency personnel as needed.

By signing this document, I acknowledge that if anyone is hurt, or property is damaged during participation in this activity a court of law may find me to have waived my right to maintain a lawsuit against VVBB, and each of the other parties listed in Paragraph 3 above on the basis of any claim from which I have released them herein.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE WAIVER AND LIABILITY RELEASE DOCUMENT AS WELL AS THE RULES AND REGULATIONS. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Participant Signature or Parent/Guardian if participant is under age 18 _____

Print Name and relationship of Signatory _____ Date _____

Emergency Phone # (_____) _____ - _____ Email Address: _____