



1. In consideration of being allowed to participate in the activities and programs of Frozen Ropes Del Mar and to use its facilities, equipment and machinery in addition to payment of any fee or charge, I do hereby waive, release, and forever discharge Frozen Ropes Del Mar and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do hereby release all of those mentioned and any others acting on my behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf in any way arising out of or connected with my participation in any activities of Frozen Del Mar or the use of any equipment at Frozen Ropes Del Mar.

2. I understand that the activity of baseball and softball, including the use of equipment, is a potential hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (PLEASE INITIAL _____)

3. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of a need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it had been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have his/her recommendation concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Player Name Date of Birth

Print Player's League or High School

Player's Address City State Zip

Home Phone Cell Phone Email

Parent Name

Signature (Parent - if under the age of 18) Date

How did you hear about Frozen Ropes?

- Referral - Who referred you to us? _____
- Internet
- Radio, Print, or TV
- Other: