

HINDS ATHLETICS

HINDS COMMUNITY COLLEGE ATHLETIC DEPT. RELEASE OF LIABILITY FOR BUT NOT LIMITED TO TRYOUTS, SHOWCASE/CAMPS, GAMES, PRACTICE OR ANY OTHER EVENT HOSTED BY HINDS COMMUNITY COLLEGE ATHLETICS. HINDS COMMUNITY COLLEGE (INCLUDING ITS AGENTS AND EMPLOYEES) IS NOT RESPONSIBLE FOR ANY PERSONAL INJURY, DISABILITY, DEATH, OR LOSS OF PROPERTY SUFFER WHILE PLAYING, PRACTICING, PARTICIPATING IN, OR OBSERVING ANY ATHLETIC EVENTS.

In consideration of my participation, I release and covenant not to sue Hinds Community College Board of Trustees, College, Coaching Staff (including its agents and employees) from and for any and all present and future claims of any types, arising as a result of my playing, practicing participating in or observing activities involved with the baseball events. I voluntarily waive any and all claims, both present and future, that may be made by me, my family, estate, heirs, or assigns against the college, coaching staff, and/or the Board.

Further, I am aware that participating in this event involves serious cardiovascular stress and possibly violent physical contact by another individual, equipment, and/or baseball. I understand that the game of baseball involves certain risks, including but not limited to, death, serious neck, head, and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to all bones, joints, muscles, and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that the game of baseball involves incidental activities, including but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily participating in this activity with knowledge of the danger involved and agree to accept any and all inherent risks of property damage, personal injury, disability, or death.

I understand that Hinds Community College, Coaching Staff, and the Board do not provide medical and accidental insurance for me. In the event of accident or illness, as a result of which I am unable to secure necessary medical attention, I consent to the securing of necessary charges and costs which result by accident or illness are fully my responsibility and I fully discharge to College, Coaching Staff, and the Board from assuming any financial obligation for me.

I further agree to indemnify and hold harmless the College, Coaching Staff, and the Board for all claims arising as a I understand that this waiver and release is intended to be as broad and inclusive as permitted by the laws of Mississippi and agree that, if any portion is held invalid, the remainder of the release and waiver will continue in full force and effect I agree that Mississippi will be the venue for any legal proceeding related to the baseball activities in which I participate.

I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available for me for the conduct of the College, Coaching Staff, and the Board. If I am under 18, the signature of my parent is required and such a signature signifies acceptance of the parent of the above stated conditions.

Purpose of Waiver: Spring Cheer Clinic

SIGNATURE OF PARTICIPANT

PRINTED NAME

AGE

DATE

ADDRESS

CITY

STATE/ZIP

CELL PHONE NUMBER

PRINTED NAME OF GUARDIAN

SIGNATURE OF GUARDIAN

DATE