**WAIVER AND RELEASE OF LIABILITY**

**Baseball Pitching Lessons**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Parent/Guardian Name (if under 18):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Acknowledgment of Risk**

I understand that participation in baseball pitching lessons, including drills and training exercises, carries inherent risks. These risks may include, but are not limited to, muscle strains, joint injuries, fatigue, and contact with equipment or other participants. I accept and assume all such risks.

**2. Assumption of Risk**

I voluntarily choose to participate (or allow my child to participate) in pitching lessons offered by **Velocity Baseball Academy** and fully assume all risk for injuries or damages that may occur, whether known or unknown.

**3. Release and Waiver**

In exchange for receiving instruction, I release and discharge **Velocity Baseball Academy**, its owners, staff, volunteers, and affiliates from all liability, claims, and demands for personal injury, illness, property damage, or death that may arise from participation in its programs, whether caused by negligence or otherwise.

**4. Medical Authorization**

I authorize **Velocity Baseball Academy** to seek emergency medical care for me or my child if necessary. I accept financial responsibility for any treatment provided.

**5. Fitness to Participate**

I affirm that I (or my child) am physically fit and capable of participating safely in baseball training. I have not been advised otherwise by a medical professional.

**6. Photo/Video Release (Optional)**

☐ I grant permission for photos and videos of myself (or my child) to be used by **Velocity Baseball Academy** for promotional or educational purposes.  
☐ I do **not** grant photo/video permission.

**7. Governing Law**

This waiver shall be governed by the laws of the State of Kansas. Any legal disputes will be resolved in the appropriate court within the state.

**Signature of Participant (if 18 or older):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian (if under 18):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_