



Players Edge Baseball & Softball Academy
 1160 Allanson Rd. • Mundelein, IL • 847-388-3545
 www.playersedgebsa.com

Birthday Party Waiver Form
 In order to participate in the activities, parents of all attendees must fill out
COMPLETELY and LEGIBLY and bring with their child to the party

Parents Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____
 Home Phone: _____ Cell Phone: _____

		Skill Level (check one)		
Name	Age	Beginner	Intermediate	Advanced

WAIVER AND RELEASE

I hereby represent and warrant that I am the parent and/or legal guardian of, _____, a minor ("Participant"), hereby authorize the staff of Players Edge Baseball & Softball Academy, Full Count Enterprises LLC and Full Count Enterprises – Mundelein LLC (collectively Players Edge), its coaches and administrators, to act on my behalf, in accordance with the best judgment of said coaches and administrators in any emergency requiring medical attention for the Participant. In connection therewith, I further represent and warrant that I have no knowledge of any physical impairment that would keep Participant from participating in any of the Players Edge programs at any and all Players Edge program locations. In consideration of Players Edge considering and processing my application for Member to participate in the Players Edge programs, and potentially permitting said Member to participate in same, I, as the parent and/or legal guardian of the Member, hereby waive, release, and discharge the Players Edge and its officers, directors, employees, and agents (collectively "Representatives") from any and all liability in connection with the death, disability, personal injury, property damage, property theft, or any action of any kind whatsoever which may occur to said Member arising out of or in connection with his or her participation in any of the Players Edge programs, including, but not limited to, travel back and forth to such programs. In addition thereto, I further hereby agree to indemnify and hold harmless the Players Edge and its Representatives from any and all liabilities or claims made whatsoever which arise out of or are in connection with the Member's participation in the Players Edge programs.

PARENT/LEGAL GUARDIAN
 Date: _____ / _____ / _____ (MM/DD/YYYY)
 Print Name: _____ Signature: _____

-----Cut here-----



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