

**INDIVIDUAL RELEASE
AND HOLD-HARMLESS AGREEMENT**

Charleston Storm Baseball Program

In consideration for receiving permission to participate in the **CHARLESTON STORM BASEBALL PROGRAM** (herein to be referred to as **PROGRAM**) I hereby **Release WAVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes the **PROGRAM**, its officers, servants, agents, Volunteers, or employees (herein referred to as **Releasees**) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY**, that may be sustained by me while participating in all baseball related activities including transportation to and from such activities while on premises owned or leased by **PROGRAM**. I further agree to indemnify and hold harmless the **RELEASEES** for any loss, liability, damage, or cost, including court cost and attorney's fees that may occur as a result of my participation in said activity.

In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing document, understand it and sign it voluntarily. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

This form must be signed by both participant and parent(s).

Signed this _____ day of _____, 20__

Printed Signature: _____

Printed Name: _____

Parent or Legal Guardian Signature: _____

**CHARLESTON STORM BASEBALL PROGRAM
MEDICAL RELEASE FORM**

Players Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

My son has permission to participate in the Charleston Storm Baseball Program.

Signature of Parent or Legal Guardian Date

EMERGENCY CONTACT INFORMATION:

Hm. Phone _____ Cell Phone: _____ Wk Phone _____

Other Authorized Adult: _____

Relationship: _____ Phone Number: _____

Physician's Name: _____ Phone Number: _____

Insurance Company : _____ Policy # _____

I UNDERSTAND THAT THE PARTICIPANT'S INSURANCE PLAN IS THE
PRIMARY CARRIER AND THE PROGRAM'S IS SECONDARY.

SPECIAL MEDICAL CONSIDERATION:

(List all allergies to medicine or foods, physical conditions, and any other medical
consideration of which the program should be made aware.)

*I hereby authorize the Charleston Storm Baseball Program through the adult person in
charge, my consent to perform any emergency care (x-ray, anesthetic, medical, or
surgical diagnosis or treatment) or hospital care for my son, under supervision of a
licensed physician, The Charleston Storm Baseball Program should be immediately
notified of any changes or additions to this medical release form. This authorization
shall remain in effect throughout the activity period.*

Signature of Parent or Legal Guardian Date

**ALL PARTICIPANTS MUST ALSO SIGN THE INDIVIDUAL RELEASE AND
HOLD-HARMLESS AGREEMENT.**