

Just Hits LLC

Parents/Guardian's Names _____

Player/s Name _____

Player/s Date of Birth _____

Full Address _____

Cell Phone Number/s _____

Home and/or Work Numbers _____

Best Emails to Reach Both Guardians _____

Waiver Authorization for Participation

I fully comprehend that baseball lessons are extreme workouts both physically, mentally, and emotionally and at any time during the workout a bodily injury can occur. I hereby assume all risk of my child's participation with Just Hits LLC, or any other subcontractor, or consultant retained by Just Hits LLC and performed at the 1 Charles Street, Westwood, NJ training facility or at any other location requested by instructor or parent for said lesson, camp or clinics and hereby waive and release any and all claims or liabilities for any type of personal injury, which may arise out of or relate to my child's lesson at or involving the Just Hits LLC training facility. I hereby waive and discharge Just Hits LLC and any consultant, subcontractor utilized by Just Hits LLC, from any claims made, or liabilities assessed against them as a result of my child's training at the Just Hits LLC facility and assume any and all risk related to said training.

Parent or Guardian Signature: _____