



ALL IN  
*Baseball*  
ACADEMY



I, the undersigned, parent/legal guardian of \_\_\_\_\_, completely understand the risks involved in and do hereby consent for my child (children) to participate in any of the lessons, clinics, and programs offered by ALL IN Baseball Academy, LLC.

I hereby release and forever discharge ALL IN Baseball Academy, LLC, it's, instructors, coaches, assistant coaches, members, players, employees and assignees from any and all liability, claims, actions, demands, and judgments arising out of any injury or loss sustained by the above-named child, myself, my family or guests in connection with the Baseball Program.

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

I also give my permission for any emergency medical care that may be required as a result of an injury sustained while participating in any activities while under the instruction/supervision of ALL IN Baseball Academy, LLC.

Parent signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_