Waiver of Liability and Hold Harmless Agreement for

FREEDOM BASEBALL CLUB, LLC DBA FLORENCE Y'ALLS

In consideration for receiving permission to participate in activities in, on, and around the UC Health baseball stadium. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, FREEDOM BASEBALL CLUB, LLC, their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

I am fully aware of the unusual risks involved and hazards connected with this activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that my be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Freedom Baseball Club, LLC dba Florence Y'alls, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Team Name:____

Head Coach/Manager Name:______

Head Coach/Manager Signature:_____

Date:__

PLAYERS SIGN REVERSE SIDE

Florence Y'alls 7950 Freedom Way Florence, Kentucky 41042 Phone: (859) 594-4487 www.florenceyalls.com

Player Name (PRINT)	Parent/Guardian Name (PRINT)	Parent/Guardian Signature
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