

MEDICAL WAIVER & MEDIA RELEASE

I hereby voluntarily permit my child to participate in the **DIAMOND DAWGZ Baseball Program**. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN CONTRACTING COVID-19 IF WE DECIDE TO PLAY. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND SICKNESS.

As consideration for being permitted by THE DIAMOND DAWGZ to participate in these activities, I hereby release and hold harmless THE DIAMOND DAWGZ, DIAMOND INSTINCTS and all staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage, sickness, or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold THE DIAMOND DAWGZ, DIAMOND INSTINCTS (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any sickness, injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to DIAMOND DAWGZ, DIAMOND INSTINCTS Staff, Trainers and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to THE DIAMOND DAWGZ, DIAMOND INSTINCTS Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. THE DIAMOND DAWGZ, DIAMOND INSTINCTS also does not provide any medical or other insurance protection or benefits for those who participate in THE DIAMOND DAWGZ, DIAMOND INSTINCTS travel baseball program.

DIAMOND DAWGZ program Participant's parent or legal guardian, grants to THE DIAMOND DAWGZ, DIAMOND INSTINCTS and press and media admitted to the Program by THE DIAMOND DAWGZ, DIAMOND INSTINCTS the right to photograph, videotape or otherwise digitally collect the THE DIAMOND DAWGZ, DIAMOND INSTINCTS Participant's name, likeness, voice, sounds or other baseball related attributes (as "Works") during participation in the Program. THE DIAMOND DAWGZ, DIAMOND INSTINCTS Participant, or THE DIAMOND DAWGZ, DIAMOND INSTINCTS Participant's parent or legal guardian, further irrevocably assigns and grants to THE DIAMOND DAWGZ, DIAMOND INSTINCTS all rights in these Works and the right to use or sublicense these Works and THE DIAMOND DAWGZ, DIAMOND INSTINCTS Participant's name, likeness and biography, in THE DIAMOND DAWGZ, DIAMOND INSTINCTS discretion, in all media and in all forms or purposes, including without limitation, advertising and other promotions for THE DIAMOND DAWGZ, DIAMOND INSTINCTS, without any further consideration to the THE DIAMOND DAWGZ, DIAMOND INSTINCTS Participant or THE DIAMOND DAWGZ, DIAMOND INSTINCTS Participant's heirs, assigns, legal and personal representative(s).

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF RELEASE OF INFORMATION.

Name of DIAMOND DAWGZ Participant (player): _____

DIAMOND DAWGZ Participant (player) Parent or Guardian Name: _____