



Game Time Fastpitch @ Sports Training Academy

Facility Use Waiver and Release of Liability - For Non-Gametime Stars Members

Participant Name: (please print clearly) _____

Parent/Guardian Name (if under 18): _____

Date: _____

1. Acknowledgment and Assumption of Risk

I acknowledge that participation in any activity at the Softball Training Academy, including but not limited to batting, fielding, pitching, strength training, and other athletic activities, carries with it inherent risks of injury, including serious injury or death. I voluntarily assume all risks associated with such participation, whether occurring on or off the premises.

2. Release and Waiver of Liability

In consideration for being permitted to enter and use the facilities of Softball Training Academy, I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby release, waive, and discharge Softball Training Academy, Gametime Stars Fastpitch Club, their owners, officers, employees, volunteers, agents, and representatives from any and all liability, claims, demands, causes of action, or expenses (including attorney's fees) arising out of or related to any loss, damage, or injury, including death, that may be sustained while on the premises.

3. Medical Authorization

I authorize Softball Training Academy staff to administer emergency medical care in the event of injury or illness, and I accept financial responsibility for any resulting medical treatment.

4. Insurance

I understand that Softball Training Academy does not provide medical insurance and that it is my responsibility to obtain adequate health and accident insurance coverage for myself or my child.

5. Conduct & Supervision

I agree to follow all facility rules and the instructions of the staff. I understand that inappropriate conduct or failure to follow facility guidelines may result in removal from the premises without refund.

6. Photo & Video Release

I grant permission for Softball Training Academy to use photographs and/or video taken during my participation for promotional or educational purposes without compensation.

Signature (Participant or Guardian): _____

Date: _____

Emergency Contact Name: _____ Phone: _____