



Batting Cage Waiver

I hereby agree to the following:

- To allow first aid treatment to be given to my child by Centre staff and/or certified first aid person.
- To allow Centre staff to take charge in the event that I or authorized emergency contact cannot be reached.
- To discuss with Centre staff any limitations my child may have in regards to his/her participation in the program.

The Centre periodically takes pictures of Centre members and persons participating in Centre programs for promotional purposes and programming material. If you do not want pictures of yourself or your family used in this way, please visit Member Services.

Release and Waiver of Liability: The undersigned hereby releases, waives, discharges the New Richmond Area Centre from liability to the undersigned for any loss or damage on account of injury to the undersigned. The undersigned hereby assumes full responsibility for risk and bodily injury.

Parent/Guardian Signature

Date

Participant's Signature

Date

Centre Staff Signature

Date