



Waiver: I, the parent or legal guardian of _____ (the "Player"), give permission for the Player to receive emergency medical or surgical treatment and hospitalization if necessary. I hereby authorize the directors, coaches, staff and associates of Gleason Sports Initiative, LLC to act on my behalf according to their best judgment in any emergency requiring medical or surgical treatment and hospitalization if necessary. I certify that the Player is physically able to participate in the Gleason Life Skills Baseball Clinic and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program. I also understand that Gleason Sports Initiative, LLC and Tulane University will administer no physical examinations and that Gleason Sports Initiative, LLC and Tulane University will rely solely upon the information shown on this form. I hereby waive and release Gleason Sports Initiative, LLC and Tulane University and its Coaches, Staff, Camp Management, Directors, Sponsors and Representatives from any liability for any injury or illness incurred while at the clinic.

I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE PLAYER AS A RESULT OF CLINIC ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. CLINIC ACTIVITIES INCLUDE RUNNING, CATCHING BALLS, THROWING BALLS, SWINGING BATS, AND ALL OTHER ACTIVITIES ASSOCIATED WITH THE GAME OF BASEBALL..

I will be financially responsible for any medical attention needed during the camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further understand Gleason Sports Initiative, LLC retains the right to use, for publicity and advertising, photographs of athletes taken at the clinic. I agree that Gleason Sports Initiative, LLC shall be the owner of and may use such photographs and/ or videos relating to the promotion of future events. I relinquish all rights that I may claim in relation to use of said photographs and/or videos. I also understand and agree that Gleason Sports Initiative, LLC and Tulane University shall not assume, or be responsible or liable for expense, medical treatment, or compensation for any injury to the Player may suffer during participation in the clinic drills. I hereby waive and release any and all rights and claims for damages Player may suffer from, or in any connection with, Player participation is at their own risk. Player must follow all expectations and direction from coaches/staff members at all times.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

For your Child to sign: (Please do not sign for your child. Thank You)

I _____ promise to give my best effort and accept feedback from the coaching staff throughout the entirety of the clinic. I will hustle and try my best during all the activities and drills. I will show respect and good sportsmanship to the other participants, and I will encourage them to do the same.

Player's Signature: _____