

Activity: Titan Baseball Academy

Players *MUST* bring medical release form to be cleared to participate.

So remember to print, complete, and bring this medical release form to the 1st day of camp.

Camp Date(s) and Time(s): _____

Activity Location(s): Cal State Fullerton

In consideration for being allowed to participate in this Activity, I release from all liability and waive my right to sue the Titan Baseball Elite, Inc., the State of California, the Trustees of The California State University, California State University, Fullerton and their employees, officers, camp lessees, representatives, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, or economic or emotional loss I may suffer because of my participation in the Activity, including travel to, from and during the Activity. I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), death, or economic or emotional loss. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known and unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I have read this document and I am signing it freely. I understand the legal consequences of signing this document (a) releasing the University from all liability, (b) waiving my right to sue the University, (c) and assuming all risks of participating in this Activity, including travel to and from the Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name (print): _____ Date: _____

Participant's Signature: _____

Participant's Cell Phone: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) waiving my and the Participant's right to sue, (c) and assuming all risks of the Participant's participation in this Activity, including travel to and from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Name of Minor Participant's Parent/Guardian (print) Date

Signature of Minor Participant's Parent/Guardian

Minor Participant's Name

***Note: Remember to print, complete, and bring this medical release form to the 1st day of camp.**