

Waiver of Liability and Terms of Participation

For participation with Play At Home Athletic Association, an Oklahoma non-profit company, d/b/a OKC Broncos Youth Baseball (the "Association")

I understand that participation in baseball/softball teams, activities, camps, and athletic programs are dangerous and that I or my child could be killed or seriously injured while participating. Injuries that could occur include but are not limited to: paralysis, brain injury, sprains and broken bones. I understand that if my child is participating in a youth sports program that he/she will be coached by volunteer coaches who will not be full-time or professionally trained. Recognizing the inherent risks associated with participating in the above noted program and still desiring for my child to participate, I hereby agree to indemnify and hold harmless the Association, any OKC Broncos Youth Baseball teams, coaches, and all individuals responsible for the conduct of activities involving myself or my child(ren) for claims including, but not limited to claims of personal injury, hospitalization, etc. I also understand that the Association strongly recommends that each participant have medical approval before participating in any sports program, and that I must inform the Association of any medical condition that may require special attention or treatment. I warrant that my child(ren) or I are privately insured with a medical insurance policy. I understand the Association does not provide insurance coverage.

Photo and Social Media Policy: I understand and give permission for the Association to photograph or record my child or me during participation in Association activities and to utilize them in advertising and/or promotion both in print and on the Association's website and social media. If desired to not be photographed or filmed, written notice must be given to the Association.

In the event of an emergency, I give my permission for a representative of the Association and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

DATE: _____ NAME OF CHILD: _____

SIGNATURE OF PARENT/GUARDIAN 1

SIGNATURE OF PARENT/GUARDIAN 2

PRINT NAME: _____

PRINT NAME: _____