SERTOMA FANTASY BASEBALL/SOFTBALL CAMP



2019 VOLUNTEER RELEASE AND WAIVER FORM

In order to participate at Camp, every volunteer must have this Release Form completed, signed, and brought on the first day of Camp.

PLEASE BRING ON FIRST DAY OF CAMP SIGNED. DO NOT MAIL IN FORM.

Volunteer's Name Address, City, State & Zip Code	
Telephone Number E-mail Address	·
	
Baseball/Softball Camp, North County Sertoma, the homembers, and agents of Sertoma Fantasy Baseball/Softany and all liability for negligence or any other claim arising out of or connected with the Camp, including death) that the I may incur or sustain during the Camp, not the Camp actually occurs. I further expressly agradministrators against loss from any further claims, de	sufficiency of which are hereby acknowledged, I agree to release and to hold harmless Sertoma Fantasy obtaing site on which the Camp will occur, and the respective directors, officers, representatives, campers, offiball Camp, the hosting site, and their respective affiliates (hereinafter collectively "Releasees") from a judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or, all activities associated with the Camp and while traveling to and from the site for the Camp whether or ee to indemnify and hold harmless Releasees and Releasee's heirs, successors, assigns, executors and mands or actions that may subsequently be brought by myself or by any other persons on the account of ay from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or a action, claim or demand.
I, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.	
Signature of Volunteer	Date
Please Print Name Here	
Medical Release. I acknowledge and agree that such participation subjects myself to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that the I am assuming the risk of such illness or injury by participating in the Camp. In the event of such illness or injury, I authorize Sertoma Fantasy Baseball/Softball Camp to obtain necessary medical treatment for myself and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on my behalf for illness or injury that I may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.	
Appearance Agreement. I understand that Sertoma Fantasy Baseball/Softball Camp from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp I may be included in videotapes or photographs taken during the Camp. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Sertoma Fantasy Baseball/Softball Camp, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape myself and to utilize such videotapes and photographs and my name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither Sertoma Fantasy Baseball/Softball Camp nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.	
I hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness, acknowledge that nothing in this Release and Waiver constitutes a guarantee that the Camp will occur, and have signed this document voluntarily and of my own free will.	
Signature of Volunteer	Date
Please Print Name Here	