



PSA Consulting Waiver

Date: _____

Players Name: _____ Nick Name: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Bat/Throw _____

Mom's Name: _____ Cell: _____ Email: _____

Dad's Name: _____ Cell: _____ Email: _____

Emergency Contact and Phone: _____

Address: _____ City: _____

ST: _____ Zip: _____ Position #1: _____ #2 _____ #3 _____

Team Name: _____ Organization: _____

Head Coach: _____ Asst Coach: _____

Does your child have any allergies?

Medical conditions?

Explain:

How did you hear about us? _____

To the maximum extent permitted by applicable law, in no event shall Pro Source Athletics, LLC. Or its suppliers, employees, sponsors, contractors, officers, managers or endorsers be liable for any consequential, incidental, direct, indirect, special, and punitive or other damages whatsoever. In consideration of the opportunity to attend and participate in the Pro Source Athletics, LLC. Instruction described as follows: individual or group/team instruction and camps, in addition to all other prior and superseding waiver(s) of their liability, if any, I hereby further agree to fully and forever release and discharge Pro Source Athletics, LLC. Its owner(s), employees, agents and assigns, sponsors and contractors, from any and all claims, demands, rights of action, causes of action, death, bodily injury, present or future, whether known, anticipated or unanticipated, resulting from or arising out of my use or intended use of the facilities or equipment of Pro Source Athletics, LLC. Due to negligence or any other fault, including but not limited to any personal injury and I agree that Pro Source Athletics, LLC. Will not be responsible for loss, damage, or theft of any property whatsoever. The participant will be liable for payment of all costs incurred by Pro Source Athletics, LLC. In the collection of obligations due to Pro Source Athletics, LLC. including court costs and reasonable attorney's fees. I further acknowledge that I have no adverse health conditions except for the ones listed above. I understand I participate in activities on my own accord, agreeing to assume all risks of such exercise and activities, including special activities, and agree to hold harmless Pro Source Athletics, LLC. If the participant is under the age of eighteen (18), I have permission from my parent/guardian to attend, participate, and additionally fully waive, release and remise any and all liabilities to Pro Source Athletics, LLC., their agents, employees, assigns, stockholders, officers and successors in interest. I do hereby authorize Pro Source Athletics, LLC. And its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team film.

Parent/Guardian Signature: _____ Date: _____

Approved: _____ Date: _____