

**ACKNOWLEDGMENT, WAIVER, RELEASE AND INDEMNIFICATION  
AGREEMENT**

The undersigned, who intends to take the Last chance mini camp at The Ballpark at St John's located at St. John's University, New York (the "University"), hereby acknowledges that the Last Chance Mini Camp are not sponsored by the University, and are being provided solely by Ed Blankmeyer Inc/Head baseball Coach on the University's premises. I hereby acknowledge and accept that there are certain risks arising from or in connection with the Last Chance Mini Camp, including but not limited to bodily injury. I am fully aware of the risks and hazards connected with the activity, and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me as a result of my taking Last Chance Mini Camp, whether caused by the negligence of the University or otherwise.

I hereby represent and warrant that I am in good health and that I have no health condition, illness or communicable disease that may make my use of the Ballpark at St John's injurious to me or any other user of The Ballpark at St John's. If I should develop any such condition, illness or disease during the term of the Last Chance Mini Camp, I promise to discontinue the Last Chance Mini Camp until I have received an appropriate medical release from my doctor authorizing me to continue the Last Chance Mini Camp.

I hereby release and forever discharge the University and its trustees, officers, servants, agents and employees from any and all liability for any damages, losses or injuries which may be sustained or suffered by myself arising out of, during or in connection with the Last Chance Mini Camp.

I hereby hold harmless the University and its trustees, officers, servants agents and employees from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, judgments, costs or expenses, including attorneys' fees, which may result from, arise out of, or relate to the Last Chance Mini Camp.

I further represent and warrant that my participation in the Last Chance Mini Camp is covered by a policy of comprehensive health and accident insurance that provides coverage for injuries that I may sustain as part of my participation in the Last Chance Mini Camp.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

I, \_\_\_\_\_,

- (A) am the parent or legal guardian of the above participant,
- (B) have read the foregoing Acknowledgment, Waiver, Release and Indemnification Agreement (including such parts as may subject me to personal financial responsibility),
- (C) am and will be legally responsible for the obligations and acts of the participant as described in this Acknowledgment, Waiver, Release and Indemnification Agreement, and
- (D) agree, for myself and for the participant, to be bound by its terms.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

