

Ripken Baseball & Chevy Youth Baseball Clinic Release and Indemnification Form

I, _____ (name of parent/guardian), individually and on behalf of my child/ward (if child is 17 or younger) identified as follows, do hereby knowingly and voluntarily enter into this agreement:

Name of Child/Ward

Age of Child/Ward

(____) - _____
Parent/Guardian Cell Number

I understand and acknowledge the dangers and risks inherent in the game of baseball, including CONCUSSION, SERIOUS BODILY INJURY OR DEATH, and I knowingly and voluntarily accept and assume such risk, both individually and on behalf of my participating child/ward. I expressly acknowledge that the INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES (as defined below). I represent and warrant that my child/ward's participation in the baseball camp/clinic is wholly voluntary, that my child/ward is physically capable of, and has no physical impediment preventing or limiting, full participation in the subject baseball camp/clinic.

For good and valuable consideration, the receipt of which is hereby acknowledged, I, on behalf of myself, my child/ward, and either of our executors, heirs, assigns, and anyone authorized by any of them, hereby release, discharge, and agree to hold harmless Ripken Baseball, General Motors, LLC or any of its participating Chevrolet dealers, the Local Marketing Association, Jack Morton Worldwide, Inc., or Headway Marketing, LLC, a Georgia limited liability company, or any of their respective affiliates, agents, employees, officers, directors, shareholders, owners, managers, members, successors or assigns (collectively, the "Releasees") from and against any and all right, claim, demand, action, cause of action, suit and/or litigation, which I, my child/ward, or either of our heirs, executors or assigns may have for any economic and/or non-economic losses on account of any damage to person or property, including but not limited to bodily injury, death, disability or other damage sustained by me and/or any minor child or ward of mine relating in any manner to the participation of my child/ward in the subject baseball camp/clinic whether caused in whole or in part, by the sole or concurrent negligence or wrongdoings, of the Releasees or otherwise.

I understand and acknowledge that the Releasees have not arranged for and do not carry insurance of any kind for my benefit or that of my heirs, executors, administrators or assigns relative to my child/ward's participation in the baseball camp/clinic. I further understand and acknowledge that I am solely responsible for obtaining and paying for any life, accident, property or other insurance relative to my child/ward's participation in the baseball camp/clinic that I may desire.

I hereby grant Ripken Baseball, its affiliates and sponsors, including, without limitation, General Motors LLC, its participating Chevrolet dealerships, its advertising or promotional agencies including but not limited to, Jack Morton Worldwide, Inc., and Headway Marketing, LLC, a Georgia limited liability company (collectively, the "Parties"), the fully assignable, perpetual and worldwide right to make both visual and/or audio recordings, including still images and videos, of me and/or my child or ward and to use my and/or my child's or ward's name, voice, likeness, and biographical information in connection with any games, related programming, promotional/marketing materials, and/or other media of every kind, nature and purpose (collectively, the "Media"), including for the purpose of advertising, marketing and/or promoting the Parties and their sponsors. I agree that the rights granted hereunder shall include the perpetual, worldwide right of the Parties and their sponsors to edit, telecast, webcast, cablecast, rerun, record, publish, reproduce, use, license, print, distribute or otherwise exploit the Media in any manner and in any medium or forum whether now known or hereafter devised, in whole or in part, without any compensation to me.

I am the parent or guardian of the minor named above and have the legal authority to execute the above release on his/her behalf. I hereby warrant that I am of age of majority and have every right to contract for the minor in the above regard. I state further that I have read the above release and that I am fully familiar with the contents thereof. I am aware of the risk of concussion. I acknowledge that information on concussion and head injury is available online through the following website:

http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_parents.pdf. This release shall be binding upon me and my heirs, legal representatives, and assigns. This Agreement shall be interpreted and construed in accordance with the laws of the State where the event is held without regard to its conflict of law principles. I agree and consent that jurisdiction and venue of all matters relating to this Agreement shall be vested exclusively in the federal, state, and local courts within the county and state where the event is held.

I understand that I have given up substantial rights by signing this Release and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE of all liability to the greatest extent allowed by law.

Guardian Printed Name

Date

Guardian Signature

Guardian Email Address

Guardian Street Address