

Agreement to Participate With Waiver and Release of Liability (Continued)

I further acknowledge that I fully have reviewed and understand all of the documents in the Umpire Kit and/or Team Guide (Coach Kit and/or Parent/Camper Kit) and all forms that I have executed to qualify myself and/or my child to participate at Cooperstown Dreams Park.

CAMPER... READ AND SIGN

I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Cooperstown Dreams Park or any of the parties listed above.

X _____
NAME OF CAMPER (PRINT)

X _____ Date Signed: _____
SIGNATURE OF CAMPER

FOR PARENTS/GUARDIANS OF CAMPERS OF MINORITY AGE (UNDER AGE 18 AT THIS TIME OR REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this camper, have indeed read the above waiver and agreement to participate and agree to his/her release as provided of all the releases and for myself, my heirs, assigns and next of kin, I release and agree to hold harmless the liabilities incident to my minor child's involvement or participation in these outlined activities or programs as provided above, EVEN IF ARISING FROM THEIR ORDINARY NEGLIGENCE, to the fullest extent permitted by the law.

I further agree to instruct my/our minor child to comply with the stated and customary terms and conditions for participation in the program or activity itself. If the minor child does not comply, I will remove my child from participation and bring such to the attention of the nearest Dreams Park official immediately.

I further agree, as parent/guardian, that the above camper is adequately covered by my own personal health or athletic participant liability insurance while at Cooperstown Dreams Park.

X _____
NAME OF PARENT/GUARDIAN SIGNATURE

X _____ Date Signed: _____
PARENT/GUARDIAN SIGNATURE

COACH/UMPIRE ... READ AND SIGN

I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Cooperstown Dreams Park or any of the parties listed above.

I further agree that I, as a coach/umpire, have adequate personal health or athletic participant liability insurance to cover my participation while at Cooperstown Dreams Park.

X _____
NAME OF COACH/UMPIRE (PRINT)

X _____ Date Signed: _____
SIGNATURE OF COACH/UMPIRE