

**TEC BASEBALL ACADEMY LLC.**

Player name: \_\_\_\_\_

All participants must have insurance coverage for any injury or sickness while attending. I waive and release to TEC Baseball Academy LLC, Edwin Thompson and his coaching staff from any and all liability from injury or illness incurred going to the clinic from home, during the camp, or going home from the clinic. I as a parent/guardian have actual knowledge and appreciate the particulars of the program and hereby voluntarily consent to said minor's participation assume the risks arising there from. I hereby give my permission for the use of emergency medical treatment in the event I cannot be reached. I hereby grant permission to TEC Baseball Academy LLC, to photograph my image, likeness, or depiction and/or that of my minor children (if applicable). I hereby grant permission to the TEC Baseball Academy LLC to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs, and use for company website, twitter, flyer's and marketing.

Parents Name \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

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

Date \_\_\_\_\_