



**GLENOAK SOFTBALL YOUTH CLINIC
WAIVER AND INFORMED CONSENT STATEMENT**

I do hereby declare my daughter to be medically able in the GlenOak Softball Clinic. I understand there are risks which may include disabling injury and/or death involved in all physical activities and I agree to familiarize myself with all equipment, facilities, rules, and physical demands related to these activities. I agree to hold free from any and all liability in Plain Local Schools and the GlenOak Softball Clinic and its respective officers, employees, members, volunteers, and sponsors and do hereby for myself, my heirs, executors, and administrators waive and release and forever discharge any and all rights and claims for damages which my child may have or which may accrue to her arising out of or connected with her participation in any of the activities of the GlenOak Softball Clinic. I have been apprised of and acknowledge the particular hazards and potential dangers involved in my child's participation in the 2018 GlenOak Softball Clinic.

Athlete Name: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Necessary Medical Information: _____