Amherst Softball presents an A–Game Elite Prospects Clinic for 2018 & 2019 GRADS ONLY on 8/16/2017 from 9a - 12p

The Amherst Staff & Players will work with you directly to evaluate ALL of your fundamentals for the collegiate game and cover the skills, techniques, and approaches used by our players and staff. This camp will be limited to no more than 20 players in order to make certain that you get the attention you need to help better your game in preparation for your collegiate career.

FULL SESSION: $100
To confirm openings and secure a spot, please contact Julie Bolduc, Assistant Softball Coach at jbolduc@amherst.edu or 413-542-2151

**PITCHERS do not need to provide a catcher**

Once you have confirmed your registration opportunity, please mail check (*made out to JBProPitch*), this completed form, **AND** the attached waiver to:

Amherst College Athletics
PO Box 5000
Amherst, MA 01002

Name:__________________________________________________________

HS Grad Class:__________________________________________________

Email:__________________________________________________________

Phone#:_______________________________________________________

Address:_______________________________________________________

Primary Pos:_____________ Secondary:_____________
AMHERST COLLEGE
Assumption of Risk / Release of All Claims
‘A-Game Elite Prospects Skills Clinic’

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up your right to recover compensation or obtain any other remedy from Amherst College for any injury or loss to yourself or your property or for or your/your child’s death however caused arising out of or in association with the child’s participation in the activities described below or the use of facilities, equipment, or services in association with said activities, now or at any time in the future.

The Trustees of Amherst College is a non-profit educational institution. References to Amherst College include The Trustees of Amherst College, its trustees, officers, employees, volunteer workers, agents and assigns, students and all other program participants.

I (Parent) freely choose to and request that my child participate in the Amherst College ‘A-Game Elite Prospects Skills Clinic’ and related activities (henceforth referred to as the Clinic) at Amherst College, on August 16th, 2017.

Acknowledgment and Assumption of Risk
I HEREBY ACKNOWLEDGE AND AGREE that participating in the Program has inherent risks.

Activities include all physical aspects that pertain to the game of Softball.

Despite precautions, accidents and injuries can occur. I understand that participation in the clinic is potentially dangerous, and that I/my child may be injured and/or lose or damage personal property as a result of the clinic and the use of all associated equipment, facilities and services, I accept the condition of the facilities and equipment as they may now or hereafter exist, therefore I ASSUME ALL RISKS RELATED TO THE ACTIVITIES including but not limited to:

Death, injury or illness from accidents of any nature whatsoever, including but not limited to personal or bodily or mental injury of any nature whether severe or not, permanent or not, including but not limited to head or joint trauma, broken bones, oral, eye or other facial injury, other muscular-skeletal or internal or nervous system injury, including death, stress or other trauma which may occur as a result of participating in an activity or contact with equipment, materials, physical surroundings or other persons, failure or defect of equipment, actions of other persons or failure to act whether negligent or not, or dangerous physical surroundings.

Theft or loss of my/my child’s personal property while in transit or at the College or participating in the Program.

Natural disaster or other disturbances, and alteration or cancellation of the clinic due to such causes.

I further acknowledge that the above list is not inclusive of all possible risks associated with the clinic or the use of facilities, equipment, or services in association with the clinic, and that the above list in no way limits the extent or reach of this release. I further understand that participating in the clinic is an acceptance risk of injury.

Release from Liability
In consideration of my/my child’s participation in the clinic, I, to the fullest extent permitted by law, agree to forever release and on behalf of myself, my spouse, my child, heirs, representatives, executors, administrators and assigns, HEREBY DO FOREVER RELEASE Amherst College from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I or my spouse, child, heirs, representatives, executors, administrators and assigns may now have, or have in the future against Amherst College on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my/my child’s participation in the Program and/or the use of facilities, equipment, or services in association with the clinic howsoever the injury is caused, whether by the negligence of Amherst College or otherwise.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the clinic and the use of facilities, equipment, or services in association with the clinic, and that I am voluntarily assuming all risks, whether known or unknown.

I understand that I will be solely financially and otherwise responsible for any loss or damage, including death, which I/my child sustain, whether in whole or in part, while participating in the clinic and my/my child’s use of facilities, equipment, or services in association with the clinic, and that by this agreement I am relieving Amherst College of any and all financial or other liability for such loss, damage or death.

I further certify that I am legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read and understood the same, of my own free will. This agreement is made in sole consideration of Amherst College permitting my/my child’s participation in the clinic and my/my child’s use of facilities, equipment, or services in association with the clinic.

This agreement shall be construed and enforced in accordance with the laws of the Commonwealth of Massachusetts, and I consent to the jurisdiction of said state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the Commonwealth of Massachusetts, that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. IN WITNESS WHEREOF, this instrument is duly executed at:

________________________________________________________
Amherst, MA
town state

on this day:

________________________________________________________
August 16, 2017
month day year

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING
Child’s Name(s) Printed: __________________________________________

Parent Signature: ________________________________________________

Name Printed: ____________________________________________________

Tel. No.: _________________________________________________________

Witness Signature: ________________________________________________

Name Printed: ____________________________________________________

Signatures need not be notarized but must be witnessed.