

Woodall Training

Kennedy Little League Baseball Clinics

Registration Form

Thank you for registering for the Woodall Training Baseball Clinics. Please complete the following information, and send this form and waiver via email to woodallbaseballinstruction@gmail.com (or via mail). To complete registration, pay for the clinic online (via PayPal at <http://www.woodalltraining.com/baseball-clinics.html>) or send check (payable to Woodall Training, LLC) and waiver form (attached) to:

Woodall Training
3539 John Muir Drive
Middleton, WI 53562



Thank you and see you soon. If you have any questions, please feel free to email woodallbaseballinstruction@gmail.com or call 608-213-6261

Registration Information

Name of Player: _____

Parent/Guardian Name(s): _____

Email Address: _____

Address: Street _____

City/State/Zip _____

Phone: H: _____ C: _____

Date of Birth (MM/DD/YYYY): ___/___/_____ Age: _____

T-Shirt Size (Specify Adult or Youth): _____

Clinic Fee: \$35 per player; Check payable to Woodall Training, LLC

Clinic: Clinic 1: Ages 8-10

(Check all that apply) Clinic 2: Ages 11-14

How did you hear about this clinic or Woodall Training?

Signature (Parent if Player is below 18 years of age): _____

THIS FORM WAIVES LEGAL RIGHTS AGAINST WOODALL TRAINING, LLC

I agree to waive any right to recover damages from Woodall Training, LLC, including its employees, for any harm or injuries suffered as a result of their negligent acts. In other words, I agree to release Woodall Training, LLC, including its employees, for their negligent acts, even if those negligent acts cause me (or my child) a physical injury or economic harm. I am giving up the right to sue Woodall Training, LLC, its owners and employees, for harm caused to me (or my child) as a result of their negligent acts.

This waiver does not release Woodall Training, LLC, or its employees, from liability for injuries resulting from any intentional acts.

I understand that serious injuries may occur when swimming, baseball, or any other athletic activity performed with Woodall Training, including but not limited to: hitting head on the pool bottom, being hit by a thrown or batted ball, bat, or other moving object, heart attack, paralysis, and drowning.

I understand that if I do not agree with the terms of the release stated above, I may attempt to negotiate my own terms by discussing this with the owner or instructor from Woodall Training instead of signing this form.

By signing below, I agree to the terms of this waiver and release:

Signature of user (or Parent or Guardian if user is under 18 years of age)

Print Name

Date

I hereby grant permission to Woodall Training, LLC, and its affiliates to interview, photograph and/or videotape me, or my minor child, to use information from the aforementioned interview and/or the aforementioned images in educational videos, advertising and/or promotional material without compensation.