

# Woodall Training

## Waunakee Area 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](mailto: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](mailto:woodallbaseballinstruction@gmail.com) or call 608-213-6261

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#### 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:  Clinic 1: Ages 8-10

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

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

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.