



HOLD HARMLESS AGREEMENT

Please sign and return with your SelectFest registrations. Players will not be allowed to participate in SelectFest without signing this Hold Harmless Agreement. Feel free to call our office with any questions.

Recognizing the possibility of physical injury associated with the game of baseball, and in consideration of SelectFest Baseball permitting the Registrant to participate in the SelectFest Baseball Skills Day and Game Days program and activities (the "Programs"), I, the Registrant or his legal guardian (hereafter referred to as the "Registrant"), hereby release, indemnify, defend and hold harmless SelectFest Baseball and all of its owners, agents, employees, representatives, affiliated organizations and sponsors, including but not limited to the owners of the fields and facilities utilized for the Programs (collectively, SelectFest Baseball"), from and against any claim by or on behalf of the Registrant as a result of anything in any way related to the Programs, including but not limited to claims for personal injuries sustained during or while being transported to and from the Programs, which transportation the Registrant hereby authorizes. The Registrant also represents that he has received a physical examination by a physician and has been found physically capable of participating in the Programs. The Registrant further grants SelectFest Baseball and its sponsors the right to use the Registrant's name, picture and/or likeness in printed, broadcast and other material concerning the Programs, provided such use is related to the Registrant's status as a participant in the Programs.

SELECTFEST SKILLS DAY AND GAME DAYS REGISTRATION IS NON-REFUNDABLE. ACCORDINGLY, NO PORTION OF YOUR REGISTRATION FEES WILL BE REFUNDED IN THE EVENT THAT ANY PORTION OF THE SKILLS DAY OR GAME DAYS EVENTS CANNOT BE HELD DUE TO RAIN, ACT OF GOD, FORCE MAJEURE OR ANY OTHER REASON BEYOND THE CONTROL OF SELECTFEST BASEBALL. THE REGISTRANT EXPRESSLY WAIVES ANY CLAIM HE OTHERWISE MIGHT HAVE FOR REIMBURSEMENT OF REGISTRATION FEES OR OTHER MONETARY DAMAGES HE SUSTAINS AS A RESULT OF THE CANCELLATION OF ANY PORTION OF THE PROGRAMS.

Registrant's Name: _____
(Print Name)

Registrant's Signature: _____ Date: _____
(If Registrant is a legal adult)

Signature of Parent of Guardian: _____ Date: _____
(If Registrant is a minor)

P.O. Box 852
Morris Plains, NJ
07950

E-MAIL
WEB SITE

selectfest@optonline.net
<http://www.selectfestbaseball.org>