

**METRO LEADERSHIP AND SPORTS ACADEMY (“MLSA”)**  
**LIABILITY RELEASE WAIVER FORM (CAGE USE)**

Player Name: \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Player # \_\_\_\_\_ Parent # \_\_\_\_\_

Emergency Contact/Relation to Player \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

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In signing this form, I understand the inherent risks associated with participating in batting cage activities, and release all liability from the Coaches, Players, and MLSA from any injury that may occur while participating in batting cage activities. I, further, give permission to the coaches to administer any necessary medical attention to my son/daughter in case of injury. I will be notified immediately at above listed numbers if such an occasion occurs. If unable to reach me I give permission to do what is in the best interest of my son/daughter until I am notified. I also understand that my insurance company or I will accept all medical expenses.

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_