# Official Registration & Waiver Form

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| Registration Number | | | |
| Team Name – Location | | | |
| Manager Name/ Phone/ Address | | | |
| E-mail | | Age Group | |

**PLEASE READ BEFORE SIGNING**

The undersigned acknowledges that participation in any of ***THE WINNING INNING, INC.***'s programs and related activities involves inherent risks of physical injury and even death. The participant or undersigned on behalf of the participant and the participant's spouse, heirs, executors, personal representatives and assigns, hereby assumes all such risks and does hereby and forever discharge ***THE WINNING INNING, INC.*** and its officers, directors, employees and agents and the **CITY OF CLEARWATER** and its officers, directors, employees and agents from any and all liability of whatever kind of nature arising from and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries or death and damage to property, and consequences, thereof resulting from the participant's active participation or involvement in any of ***THE WINNING INNING, INC.***'s program(s) or activity(ies) as described above, including but not limited to, all failure of equipment or defect in the premises, and while on, in or utilizing any and all of the facilities, equipment, fields or any part of the Jack Russell Stadium. This includes ingress and egress to and from Jack Russell Stadium.

The participant or undersigned on behalf of the participant acknowledges the following: That the participant may not participate in any activity(ies) or use of the Jack Russell Stadium and its facilities without signing this Agreement. That by signing this Release and Waiver of Liability, I am/We are waiving certain legal rights. That I/ (We) have been given the opportunity to and have been encouraged to seek independent legal counsel. That this document contains the entire terms of the Agreement.

| PLAYERS/COACHES | DATE OF BIRTH | ROSTER AGE | PLAYER SIGNATURE | PARENT/GUARDIAN | E-MAIL |
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| MAKE ALL CHECKS PAYABLE TO & RETURN TO: **The Winning Inning**, P.O. Box 15953, Clearwater, FL 33766 | | | | | |

**MANAGER'S SIGNATURE:** ______________________________ **DATE:** ______________

**Jack Russell Memorial Stadium**
800 Phillies Drive, Clearwater, Fl 33755
Phone: 727-797-909 Fax: 813-749-8992