



***WAIVER AND RELEASE FORM***

I understand and accept the condition that The Hitting Zone, LLC., and Fraz Nation, or anyone associated with, do not assume any responsibility for accidents or loss of property incurred as a result of participating in any activity or program. This includes ordinary negligence on the part of The Hitting Zone, LLC., and Fraz Nation, its agents, employees, sponsors, instructors, volunteers, owners or lessors of the premises and all others that are involved. I understand that accident insurance is provided, but health insurance is not. I hereby authorize the Directors of The Hitting Zone, LLC., Fraz Nation, or their designees to act on their behalf according to their best judgment should any occurrence arise requiring medical attention. In consideration for my minor son or daughter being permitted to participate in any Activity or Program and related events and activities, I hereby release and covenant not to sue The Hitting Zone, LLC., Fraz Nation, its agents, employees, sponsors, instructors, volunteers, or owners or lessors of the premises and all others that are involved for any and all present and future claims resulting from ordinary negligence to the fullest extent permitted by law. I also voluntarily waive any and all claims that can be made by me, my family, heirs, or estate resulting from ordinary negligence.

It is understood that this waiver and release is broad and inclusive as permitted by the laws of the State of New Jersey and agree that if any portion is rendered invalid the remainder of the waiver will continue in full force and effect. I further agree to instruct my minor son or daughter to comply with terms and conditions of The Hitting Zone, LLC. In the event that I am aware that my child is behaving in a manner detrimental to his or her own safety and in compliance with the terms and conditions of The Hitting Zone LLC., I shall notify the nearest Hitting Zone Circuit official immediately. To the best of my knowledge, the below named minor does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent the child from participating in the program, playing baseball, or engaging in any activities incidental to same.

I, as parent/ legal guardian, attest I have read the above Agreement to Participate and Waiver &Release

Parent Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name of Player: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email \_\_\_\_\_

Please check here if you don't want us to use photos of your child for promotions for future programs \_\_\_\_\_

*www.thehittingzonenj.com*  
**231 Greenwood Ave**  
**Midland Park, NJ**  
**Ph. 201 857-5353**