

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**

*READ BEFORE SIGNING*

IN CONSIDERATION OF \_\_\_\_\_, being allowed to participate in any way in the Case Baseball Fall Instructional Clinic and related events and activities the undersigned acknowledge, appreciate, and agree that:

The risk of injury to me/ my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1. FOR MYSELF, SPOUSE, CHILD, OUR HEIRS, ASSIGNS, PERONAL REPRESENTATIVES AND NEXT OF KIN ("RELEASEES") THE UNDERSIGNEDS KNOWINGLY AND FREELY RELEASE ALL CLAIMS AGAINST RACINE UNIFIED SCHOOL DISTRICT, CASE BASEBALL, CASE BASEBALL FALL INSTRUCTIONAL CLINIC, AND THEIR RESPECTIVE DIRECTORS, OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, VOLUNTEERS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND OWNERS AND LESSORS OF THE PREMISES USED TO CONDUCT THE CLINIC ARISING FROM OR RELATING TO MY CHILD'S PARTICIPATION IN THE CASE BASEBALL FALL INSTRUCTIONAL CLINIC AND RELATED EVENTS AND ACTIVITIES AND ASSUME ALL RELATED RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. The undersigneds willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my or my child's readiness for participation and/or in the program itself, I will remove myself or my child from the participation and bring my concerns to the attention of the nearest official immediately; and,
3. THE UNDERSIGNED RELEASE AND HOLD HARMLESS RELEASEES WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY INCIDENT TO MY CHILD'S INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
4. The undersigned, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my/my child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in my child participating in this program, my child's personal responsibilities for adhering to rules and regulations, and accept them by signing below.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE AND DATE)

\_\_\_\_\_  
(PRINT NAME)

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE AND DATE)

\_\_\_\_\_  
(PRINT NAME)



# Jl Case High School



## Fall Baseball Instructional Clinic

**Tuesdays and Thursdays**

**September 5, 2017  
through  
September 21, 2017**

**Haban Field  
1330 Borgardt Rd,  
Sturtevant, WI 53177**

Racine Case Baseball is conducting a fall baseball clinic for all interested players Tuesdays and Thursdays, September 19th – October 5th, 2017 from 4:30-6pm. The three week clinic is open to all students entering grades 8-12 for the fall school year.

On Tuesdays, players will be grouped by experience to better give personalized attention based on skillset. On Thursdays, players will be divided into teams, where they will play a full Exhibition Game with umpires.

The clinic will put emphasis on the fundamentals of hitting, fielding, base running and throwing while also having play time incorporated for all players.

The cost of the clinic is \$225 for all three weeks (in advance) and includes a t-shirt. All participants should wear baseball pants, cleats and bring their gloves and bats. Plenty of water should also be brought along. All participants must have a signed medical waiver and basic informational form filled out before the clinic begins. Field Locations will be announced via email confirmation

Enrollment is limited, so register early.

### COACHING STAFF

Case Baseball's coaching staff is comprised of two young varsity coaches with Division 1 college careers and professional ball. JV has a coach with 20+ years' experience. ALL are Case alumni and have the passion, drive and skills to create a successful program.

### SCHEDULE

Tuesdays, Sep 5, Sep 12 & Sep 19  
Instructional Clinic with drills  
4:30-6pm

Thursdays, Sep 7, Sep 14 & Sep 21:  
Exhibition Games (concessions available)  
4:30-6:30pm

### “BUILDING A WINNING CULTURE”

All clinic proceeds will go towards Case Baseball's *Building a Winning Culture* project which will provide an onsite home field that is accessible, safe, and functional for all Case practices, home games, regional tournaments, play-off games and youth fall/summer camps.

Case's Baseball organization is the only one in Racine offering three different levels of teams to create opportunity for every student at JI Case High School to be part of the baseball team. Currently, the Varsity, JV1, and JV2 teams in the program utilize the parking lot, tennis courts, and an off-campus softball field for practice and game preparation. They play all of their games at opposing team's home fields. Case Baseball – Building a Winning Culture will change this.

### QUESTIONS?

For questions pertaining to the clinic, contact Case Baseball Head Coach, James Ricchio at james.ricchio@rusd.org.



### FALL BASEBALL CLINIC APPLICATION

Please print clearly as your confirmation will be sent via email

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Grade Fall 2017 \_\_\_\_\_

School Fall 2017 \_\_\_\_\_

Last Team Played With \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Position (circle all that apply)

1B    2B    3B    SS

Outfield    P    C

Men's T-shirt Size: S M L XL

Fill out both sides, detach and mail with **\$225.00** check to:

Case Baseball Fall Clinic  
c/o James Ricchio  
3553 N Kimberly Lane  
Franksville, WI 53126

**Scholarships available.** Inquire with Coach Ricchio at james.ricchio@rusd.org