

Hit House by Diamond Life Athletics] 34220 unit 8 south Fraser Way Abbotsford BC V2S-2C6

Welcome to Hit House by Diamond Life Athletics,

I, _____, am voluntarily participating in activities at Hit House by Diamond Life Athletics, including but not limited to the use of indoor batting cages. In consideration for being allowed to participate in these activities, I, the undersigned, hereby acknowledge and agree to the following waiver of liability:

1. **Assumption of Risk:** I understand and acknowledge that the activities conducted at Hit House by Diamond Life Athletics involve inherent risks, including but not limited to the risk of injury from the use of equipment, the actions of others, and the general risks associated with participating in sports activities.
2. **Waiver and Release:** I hereby waive, release, and discharge Hit House by Diamond Life Athletics, its owners, employees, agents, and representatives from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me while participating in these activities.
3. **Responsibility for Personal Property:** I understand that Hit House by Diamond Life Athletics is not responsible for any loss or damage to personal property, including but not limited to equipment and belongings, while participating in activities on the premises.
4. **Medical Attention:** In the event of an injury or illness, I authorize Hit House by Diamond Life Athletics to seek and obtain medical attention on my behalf. I understand that I am responsible for any medical expenses incurred.
5. **Compliance with Rules:** I agree to comply with all rules and regulations of Hit House by Diamond Life Athletics and to follow the instructions of its staff and instructors.
6. **Photography and Publicity:** I grant permission for Hit House by Diamond Life Athletics to use photographs, video, or other images of me for promotional or marketing purposes.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY AND INTEND BY MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant's Full Name: _____

Participant's Signature: _____

Date: _____

If the participant is under the age of 18, the signature of a parent or legal guardian is required:

Parent/Guardian Full Name (if applicable): _____

Parent/Guardian Signature (if applicable): _____

Date: _____

Please ensure that participants thoroughly read and understand the waiver before signing. It's advisable to seek legal advice to ensure the waiver is compliant with local laws and regulations.