

Sign Up Form
Name:
Address:
City:
State: Zip:
Phone: Age:
E-mail:
Please check box for camper's tee size:
Payment Information
Camp Fee: \$175
Please check box for method of payment:
Check Amex MC/Visa
CC#:
Exp.
Signature:
Please make all checks payable to BROOKLYN BASEBALL CO. and send to: Brooklyn Cyclones c/o KeySpan Park
1904 Surf Avenue, Brooklyn, NY 11224

or fax to : 718.449.6368

GENERAL RELEASE & WAIVER

I, ______, have been granted permission to enter the field at KeySpan Park on **July 22nd**, **July 23rd**, **July 24th & July 25th**, **2008** to participate in the Brooklyn Cyclones Baseball Camp sponsored by **The Brooklyn Cyclones**. The Brooklyn Cyclones have informed me, and I understand, that I am entering the field area at my own risk, and that neither the Brooklyn Cyclones nor the City of New York will be responsible for any injury that might occur as a result of my doing so. I have advised the Brooklyn Cyclones that I will assume responsibility for all such risks, and release them and others of any liability for any type of personal injury, including death, or property damage that I might sustain as a result of this event. I understand that this is the only basis upon which the Brooklyn Cyclones would permit me to participate in this event.

Accordingly, in consideration of receiving permission to enter the field area, I hereby agree, on behalf of myself and my heirs, legatees, distributees, administrator, executor, successors, assigns, and any other person who might seek to recover damages for injury to me or my property, to waive any and all rights regarding, and to release and hold harmless and indemnify the City of New York, the Brooklyn Cyclones, Brooklyn Baseball Company, L.L.C., and Sterling Mets, L.P., their affiliated companies and partnerships, and their respective directors, officers, officials, employees and agents (collectively, "Releasees") from and against any and all claims, actions, proceedings, liabilities, damages and expenses related directly or indirectly to personal injury (including death) or damage to personal property caused or incurred by me related in any way to my participation as herein described.

This release and waiver is without limitation, and it includes a waiver against the negligence of any agent, employee, licensee, or invitee of any Releasee. My indemnification of Releasees extends to any claim brought by other persons on my behalf, or on their own behalf based on their relationship to me.

My signature below indicates that I have read this release and waiver, and that I understand and agree to be legally bound by its terms.

Date:	Signature:
	Signature: Parent/Guardian (if participant is under age 18)
	Printed Name:
	Address: