SOUTHERN INDIANA BATTING CAGES – PARTICIPANT WAIVER & RELEASE

Location: 4601 Hamburg Pike, Jeffersonville, IN 47140

1. Acknowledgment of Risk

I, the undersigned, acknowledge that baseball and softball training, including the use of automated pitching machines and batting cages, involves inherent risks of serious injury, including but not limited to being struck by balls, bats, or equipment. I voluntarily assume all risks associated with participation.

2. Safety Rules & Requirements

To maintain the safety of all guests and comply with facility insurance standards, I agree to the following:

- **Helmets Required:** All participants **must** wear batting helmets at all times while inside the cages.
- **One Hitter Only:** Only one participant is permitted in a batting cage at any time.
- **Machine Safety:** I will not tamper with pitching machines. I acknowledge that machines are calibrated to specific maximum speeds (80 mph for ages 12+; 65 mph for under 12).
- **Clearance:** Hitters must stay behind clearly marked home plates and yellow safety lines.

3. Release of Liability

In consideration of being permitted to use the facilities at **First Base Batting Cages** (Southern Indiana Batting Cages LLC), I hereby release, waive, and discharge the facility, its owners, employees, and agents from any and all liability, claims, or demands arising out of any loss, damage, or injury that may be sustained by me or my minor child.

4. Emergency Medical Consent

I confirm that I (and/or my child) am in good health and physical condition. In the event of a medical emergency, I authorize facility staff—who are trained in First Aid and CPR—to take necessary emergency measures. *(Note: Insurance coverage excludes "Accident Medical" payments; personal insurance is the primary responsibility of the participant)*.

PARTICIPANT INFORMATION

Name: _____

Date of Birth: _____ (If under 18, Parent/Guardian must sign)

SIGNATURES

Participant/Legal Guardian Signature:

_____

Date: ____________________________ **Phone Number:** ____________________________