

**Stone Chiropractic Center, LLC Baseball Camp
ACKNOWLEDGMENT AND WAIVER
2011**

I hereby give my child, _____ permission to participate in the STONE CHIROPRACTIC CENTER BASEBALL CAMP, and I also hereby, in the event of an accident/incident, waive all claims and/or damages against Dr. Mark P. Stone, all associates, sponsors, volunteers and instructors. My child has permission to partake on trips/outings outside programmed area as planned by STONE CHIROPRACTIC CENTER BASEBALL CAMP. The undersigned, hereby releases STONE CHIROPRACTIC CENTER BASEBALL CAMP, STONE CHIROPRACTIC CENTER LLC. DR. Mark P. Stone, associates, sponsors, volunteers and instructors from all actions, causes of action, suites, controversies, promises, damages, judgment, extent, execution, claims and damages whatsoever in law or equity which against STONE CHIROPRACTIC CENTER BASEBALL CAMP STONE CHIROPRACTIC CENTER, LLC, Dr. Mark P. Stone by myself, my heirs, associates, volunteers, instructors or hereafter can, shall or may have for, upon, or by reason of any manner, cause or thing whatsoever from the beginning of the world and forever hereafter In connection with my participation in sports and recreational activities upon premises and/or lands owned by the town of Watertown In participating in said recreational activities/contact sports I understand that there are certain risks of my own free will knowing that I shall bear full responsibility for medical costs, care treatments, or any other cost or damages to me as a result of said injuries. I have read the above statement and I verify that my child is in good health and is covered by parent's medical insurance. I hereby consent to the use of any and all audio, video and statements utilized by media company, its affiliates, and/or agents involved in the production or reproduction of this material, to be used for any purpose whatsoever, without further consideration to me. I hereby release media company, its affiliates and/or agents from any and all liability resulting from the broadcasting or cablecasting of said productions or reproductions.

Dated _____

(Signature of Parent)