



WILLISTON
NORTHAMPTON SCHOOL

**THE WILLISTON NORTHAMPTON SCHOOL
BASEBALL CLINIC 2023**

WAIVER OF LIABILITY

Your child has elected to participate in a program/activity where there may be an increased element of risk of which you must be aware and agree to assume.

We cannot be liable for injury suffered by your child as a result of this activity, assuming there is no gross negligence on the part of the School, its representatives, or its suppliers.

I give permission to my child, _____
to participate in the Williston Northampton Baseball Clinic.

It should be known that all students are supervised while engaged in this program and appropriate safety measures are taken.

I hereby agree to allow of my child to participate in this program, and in signing this waiver, release the Williston Northampton School, its agents and/or employees from liability for any damages which may be incurred by my child.

Student Name (please print)

Parent/Guardian (please print)

Student signature

Parent/Guardian signature

Date

Date

If there are any questions, please contact the School's Summer Programs Office at
(413) 529-3018