

Carpenter Cup Classic (the "Event")

WAIVER AND RELEASE

READ CAREFULLY – THIS CONTAINS A WAIVER AND RELEASE FROM LIABILITY

In consideration for me being permitted to participate in the Event at **FDR Park and Citizens Bank Park** (the "Location").

Assumption of Risk. I understand the nature of the Event and I am able to safely participate in the Event. I am fully aware of the risks of unexpected injuries, damage or other loss that may result from my attendance at and participation in the Event. I freely assume all such risks including the risk of any negligence by other participants, The Phillies, any of the organizers or volunteers of the Event or any of the other Released Parties as defined below.

Release. I hereby release from liability, waive any claims against, forever discharge and hold harmless The Phillies, the owner(s) and lessor(s) of the Location, and each of their respective affiliated companies or other organizations, volunteers associated with the Event, the organizers of the Event and each of their respective officials, owners, partners, directors, officers, trustees, members, employees, representatives and agents, and the other participants in the Event (collectively, the "Released Parties") of and from any and all claims for injuries, disability, death, property damage, attorneys' fees or other loss of any kind or nature that may be sustained in connection with my attendance at or participation in the Event or any activity surrounding the Event. I further agree not to sue any of the Released Parties for any such claim.

Medical Treatment. In connection with any injury I may sustain or other medical condition I may experience during my participation in or attendance at the Event, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical/first aid personnel if I am not able to act on my own behalf. I further authorize the attending medical/first aid personnel to execute on my behalf any permission forms, consents or other appropriate documents relating to medical attention and to act on my behalf if I am not able or immediately available to do so.

Publicity Release. I authorize The Phillies and/or the other parties involved with the Event to produce, reproduce, broadcast and otherwise use photographs, films, videotapes, recordings, digital images and other depictions, likenesses or images of me, in any media form, worldwide, in connection with my attendance at or participation in the Event without compensation, for an unlimited duration.

I, intending to be legally bound, have carefully read and voluntarily agree to this Waiver and Release and I understand its full legal effect.

Participant's Signature: _____ Address: _____

Print Name: _____ Date: _____

Birth Date of Participant: _____

IF THE PERSON SIGNING ABOVE IS A MINOR, THE FOLLOWING MUST BE COMPLETED:

I represent that I am a parent or guardian of the minor who has signed the above Waiver and Release, and I, intending to be legally bound, do hereby agree that we both will be bound by the Waiver and Release.

Signature: _____ Address: _____

Print Name: _____ Date: _____

Relationship to Minor: _____