

Twin Tiers Baseball Travel Level

REGISTRATION INFORMATION:

Membership \$700 AND sell 2 300 Club Fundraising tickets (2/6/2026) OR \$900

\$300 deposit due with registration.

Balance paid on the 15th in November, December, January, February

Uniforms or equipment will not be issued until the balance is paid

Payment methods: Cash, Venmo (@TwinTiersBaseball) or check

Checks must be made out to Twin Tiers Baseball and be mailed to:

Twin Tiers Baseball/939 N. 4th St/ Olean, NY 14760

MEMBERSHIP INCLUDES: Training sessions/uniforms and equipment/tournament and game fees/umpires/insurance/building rental/utilities and disposable supplies

Player Name: _____

Address/City/Zip_____

DOB:_____ **Age (as of 4/30/27):** _____

Parent/Guardian #1 Name:

E-mail:_____ **Phone:**_____

Parent/Guardian #2 Name:

E-mail:_____ **Phone:**_____

Liability waiver next page

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in the **Twin Tiers Baseball Academy**, I represent that I understand the nature of this Academy and that I am qualified, in good health, and in proper physical condition to participate in such Academy.

I fully understand that this Academy involves risks of injury and illness, including but not limited to COVID-19, serious bodily injury, permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the Academy, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Academy.

I willingly agree to comply with the Organization's stated and customary terms and conditions for participation as well as all guidelines established by the state and local health organizations as well as Twin Tiers Academy. If I observe any unusual significant concern in my child's readiness for participation I will remove my child and bring it to the attention of the nearest official.

I hereby release, discharge, and covenant not to sue **Twin Tiers Baseball Academy, LLC**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Academy takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I, the parent/guardian assert that I have explained to my child/ward the risks of the activity , his/her responsibilities for adhering to the rules and regulations and that my child/ward understands this agreement.

Player name _____

Parent/Guardian _____

Twin Tiers Softball Travel Level

REGISTRATION INFORMATION:

Membership \$700 AND sell 2 300 Club Fundraising tickets (2/6/2026) OR \$900.

\$300 deposit due with registration.

**Balance paid on the 15th in November, December, January, February
Uniforms or equipment will not be issued until the balance is paid.**

Payment methods: Cash, Venmo (@TwinTiersBaseball) or check
Checks must be made out to Twin Tiers Baseball and be mailed to:
Twin Tiers Baseball/939 N. 4th St/ Olean, NY 14760

**MEMBERSHIP INCLUDES: Training sessions/uniforms and
equipment/tournament and game fees/umpires/insurance/building
rental/utilities and disposable supplies**

Player Name: _____

Address/City/Zip _____

DOB: _____ **Age (as of 4/30/27):** _____

Parent/Guardian #1 Name:

E-mail: _____ **Phone:** _____

Parent/Guardian #2 Name:

E-mail: _____ **Phone:** _____

Liability waiver next page

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in the **Twin Tiers Softball Academy**, I represent that I understand the nature of this Academy and that I am qualified, in good health, and in proper physical condition to participate in such Academy.

I fully understand that this Academy involves risks of injury and illness, including but not limited to COVID-19, serious bodily injury, permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the Academy, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Academy.

I willingly agree to comply with the Organization's stated and customary terms and conditions for participation as well as all guidelines established by the state and local health organizations as well as Twin Tiers Academy. If I observe any unusual significant concern in my child's readiness for participation I will remove my child and bring it to the attention of the nearest official.

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I, the parent/guardian assert that I have explained to my child/ward the risks of the activity , his/her responsibilities for adhering to the rules and regulations and that my child/ward understands this agreement.

Player name _____

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