POWERHOUSE FACILITY

1069 CR 264, Building L • Bertram, TX 78605

Liability Waiver & Assumption of Risk (Texas)

Participant Name:

Date of Birth:

Phone:

Email:

Parent/Guardian (if minor):

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Assumption of Risk

I understand participation in softball/baseball activities involves inherent risks, including being struck by balls or bats, collisions, falls, equipment failure, weather-related risks, serious injury, permanent disability, or death.

I voluntarily assume all risks, known or unknown.

Initials (Required):

POWERHOUSE FACILITY

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Concussion & Insurance Acknowledgment

I acknowledge that participation may result in concussions or traumatic brain injuries.
I agree to report symptoms immediately and understand removal from play may be required.

Insurance Acknowledgment: Powerhouse Facility does not provide medical insurance.
I am financially responsible for all medical expenses incurred.

Concussion Initials:

Insurance Initials:

POWERHOUSE FACILITY

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Release, Indemnification & Signatures

I release Powerhouse Facility from all liability including negligence under Texas law.

Participant Signature:

Date:

Parent/Guardian Signature (if mi

Date: