

Advanced College Pitchers Boot Camp "Control the Chaos" Registration Form

____ **Yes, sign me up!** I want to make sure I'm prepared once baseball resumes! I accept your invitation to come to the Texas Baseball Ranch & train with Coach Wolforth, the Ranch staff, and other college pitchers.

Athlete's Name: _____ Today's Date ____/____/____

Athlete's Birthday: ____/____/____ How you heard about the camp: _____

Address: _____ T-Shirt Size: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Please check the camp you're attending:

- Advanced College Pitchers Boot Camp: May 15 – 17 (Fri-Sun) – \$1,999
- Advanced College Pitchers Boot Camp + 1 extra week of training (M-Th) - \$2,994

Risk Free Money-Guarantee

It's Simple: Come to the Advanced College Pitchers Boot Camp. Put it to the test. If, by the end of the first day, you aren't delighted with the event for any reason, just let us know. Your ticket will be cheerfully and immediately refunded. Plus, we'll even pay up to \$500 of your documents travel costs! No questions asked. No hassles either. We wouldn't have it any other way.

Method of Payment

I am enclosing a check in the amount of \$ _____ made payable to:

R.W.T.B.R. , 5451 Honea-Egypt Rd., Montgomery, TX 77316 (936) 588-6762

Pay Today. Please charge my credit card the full amount of only \$ _____

EZ 2 Pay! I would prefer to have my payment divided into 2 equal monthly payments of \$ _____

EZ 3 Pay! I would prefer to have my payment divided into 3 equal monthly payments of \$ _____

Signature (Required) _____ Date _____

Credit Card (circle one): Visa MasterCard Discover AmEx

Card Number: _____ Exp. Date: _____ Auth. Code: _____

Name on credit card (if different from above): _____

Billing Address for credit card (if different from above): _____

Cancellations: A full refund will be made for any cancellation received up to 7 days prior to the start of your scheduled camp. A 50% refund will be made for cancellations inside of 7 days. There is NO camp change fee if received prior to the camp.

**I'm eager to get registered and secure my spot immediately!
So I'm FAXING my registration to: (281) 298-7391**

**Ron Wolforth's Texas Baseball Ranch® LLC and/or Pitching Central
Waiver And Release Of Liability**

In consideration of being allowed to participate in any way in the Ron Wolforth's Texas Baseball Ranch LLC and/or Pitching Central athletic program, related events, and activities, undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation, and,
3. I willingly agree to comply with stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Ron Wolforth's Texas Baseball Ranch LLC/Pitching Central their officers, members, official agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("Release"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT SIGNATURE

Date Signed: _____

X _____
PRINT NAME

FOR PARTICIPANT OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

THIS IS TO CERTIFY THAT I, PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT, DO CONSENT AND AGREE TO HIS/HER RELEASE AS PROVIDED ABOVE OF ALL THE RELEASES, AND FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S INVOLVEMENT OF PARTICIPATION IN THESE PROGRAMS AS PROVIDED ABOVE, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
PARENT/GUARDIAN SIGNATURE

Date Signed: _____

EMERGENCY PHONE # _____