

FACILITY USE FORM

Please complete form and sign waiver on page 2.

Hillsborough Youth Athletic Association

P.O. Box 577, Hillsborough, NC 27278 919-732-4454 (headquarters) president@hyaabaseball.org

Na	me of Person/Organiz	ration		Today's Date		_			
Со	ntact Person:								
Со	ntact Phone(s):								
Со	ntact E-mail:								
Со	ntact Address:								
1.	Requested Facility:								
	□ Collins T-Ball Fie□ Collins T-Ball Fie□ Collins Rookie Collins Rookie Gollins Rook	eld B enter Field	□ Exchange Club□ Schley Grange						
2.	Number of People E	Expected:	_						
3.	Purpose of Use:					_ _			
4.	Date and Time Requested:								
	Date:	Time In:		Time Out:	· · · · · · · · · · · · · · · · · · ·				
5.	Will this event include activities that may require additional liability insurance? ☐ yes ☐ no								
6.	Will food be served a								
If yes, do you agree to leave the facility as you found it and free of all trash and debris? $\ \square$ yes $\ \square$									
res lim Ath	sponsibility for any and ited to, possible repair nletic Association, Inc.	d all loss and damage to r and replacement cost for any and all damago	o the facilities as a re ss. I further understa es, losses, or injuries	se Form and the attachesult of my use which wind and agree to release related to or arising outsigned the attached Re	ll include, but i Hillsborough ` t of my particip	s not Youth			
Siç	gnature of responsible	party		Date		-			
	IYAA League Use On	alv				İ			
		<u> </u>							
	acility Use Approved:	•							
8	Signature of Authorized	d HYAA Representative	e: [Date:					

HILLSBOROUGH YOUTH ATHLETIC ASSOCIATION $\underline{\mathsf{RELEASE}}$

FOR AND IN CONSIDE	RATION OF my perm	nitted participation	in the	(name
of event) held on the day of and valuable consideration, I, be	of,	, at	(locatio	n), and other good
and valuable consideration, I, be	ing of lawful age, or I	, being the parent	or guardian of a participa	ant under the age
of eighteen (18), release and dis				
and assigns, release, acquit and				
to as "HYAA") the board of direct				
principals, agents, servants, and and from any and all past, prese				
and punitive), costs, loss of earr				
attorneys' fees and legal costs,				
other participants and/or spectal				
any claim I may have against H				
account of, or in any way growin			vn injuries and/or damag	es related to or
arising out of my participation in	the aforementioned e	event.		
In making this Poloaco i	t is understood and a	arood that I roly w	holly upon my own judgn	nont holiof and
knowledge of the nature and ext				
I have not been influenced to an				
made by HYAA, the corporations				
person or persons representing				. , ,
I fourth an arrange and the stall			- f f th h f	and facility and
that participation in said event is			of use of the above reference from the parties	
scheduled event and understand				
medical coverage on the facility				
concerning the event, the facility		,,	,,	amoning care or or
			s hereto, and the terms of	
contractual and not merely a rec				
agreement, and this Release sh parties.	all not be modified in	any manner, exce	pi by whiten instrument s	agned by both
parties.				
This Release shall be go	overned by, and cons	trued in accordance	ce with, the laws of the S	tate of North
Carolina.				
In the event that a disnu	ite or controversy aris	es out of or relatin	ng to this Release or out o	of or relating to the
aforementioned event, the partie				
County of Orange, State of Nort				
	carefully read the to	regoing Release a	and know the contents the	ereof, and I sign the
same as my own free act.				
This the day of	,			
			_ (seal)	
	Darticipant			
	Participant			
			(2001)	
			_ (seal)	

Parent or Guardian If under the age of 18