

Indoor Batting Cage Price List

Trainer w/ one WD Twp. resident/player \$20/hr.

Trainer w/ one non-WD Twp. resident/player \$30/hr.

Trainer Group Fee 4-10 players \$40/hr.

Club Team Fee (75% of WD residents – ECTB/AAU) \$5/hr.

Club Team Fee (non-WD Twp. Residents) \$40/hr.

West Deptford Little League Fee \$5/hr.

West Deptford High School (baseball/softball) No Charge

West Deptford Resident (parent & child) No Charge

Hours:

Monday – Friday 3pm – 9pm

Saturday 9am – 6pm

Sunday 12pm – 6pm



AGREEMENT & RELEASE OF LIABILITY

I, the undersigned, on behalf of myself and/or as the parent or legal guardian of the children set forth in this application do hereby declare that I/we intend to use some or all of the activities, facilities, programs and services offered by West Deptford Township. I understand each person listed in this application has a different capacity for participating in such activities, facilities, programs and services. I am aware that activities, facilities, programs and services offered are educational, recreational, social, physical or self directed in nature. I assume full responsibility, during and after my/our participation, for my/our choices to use or apply at my/our own risk, any activity, facility, program or service offered by West Deptford Township. I understand that my/our choice to utilize the facilities and participate in any activity, service or program and the fitness, health, awareness, care and skill that I/we possess and use, brings with it my/our assumption of those risks or results stemming from these choices I certify that I, and/or the children listed in this application, are in good health and are able to use the facilities and participate in its activities, programs, and services. I understand that no health and/or accident insurance is provided for myself and/or the children by West Deptford Township, and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

In consideration for the acceptance by West Deptford Township of this application for (e.g. a daily pass permit) and for being allowed to use the facilities of and participate in the activities, programs, and services of the West Deptford Township Batting Cages, I, the undersigned on behalf of myself and as the parent or legal guardian of the children listed in this application, as well as for our heirs, executors, administrators and assigns forever release and discharge West Deptford Township and its appointed and elected officials, employees, agents and other representatives from any and all personal injuries and/or property damages sustained by myself and/or by the children listed in this application as the result of my/our own using the facilities and participating in the activities, programs and services offered by West Deptford Township. Furthermore, I, the understated, for myself and for the children listed in this application do hereby agree to indemnify, hold harmless and defend West Deptford Township and its appointed and elected officials, officers, employees, agents and other representatives, their heirs, executors, administrators, successors and assigns from any and all personal injuries and property damages sustained by others by reason of my conduct or the conduct of the children set forth in this application in connection with the use of the facilities and the participation in the activities, programs and services offered by West Deptford Township Batting Cages, including court costs and attorneys fees.

I am aware that using the facilities and participating in the activities, programs, and services offered by the West Deptford Township Batting Cages will involve my/our participation with other persons using the facilities and may involve many risks of injury. I recognize the importance of following the rules and regulations of the Batting Cages and the instructions given by its employees in any activity in which I/we participate. Therefore, I/we agree to comply with all rules, regulations and instructions in connection with the use of the facilities and the activities, programs and services offered by the West Deptford Township Batting Cages. I agree that West Deptford Township shall have the right at his discretion to enforce such rules, regulations and instructions and/or terminate my participation or the participation of the children listed on this application for failure to comply with such rules, regulations and instructions, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interests of other persons using the facilities and/or participating in the activities, programs or services of the West Deptford Township Batting Cages.

I hereby grant West Deptford Township, its appointed and elected officials, employees, agents and other representatives full authority to take whatever action they consider to be warranted regarding my health and safety and the health and safety of the children listed on this application, and I fully release, indemnify and hold harmless all of them for any liability for such actions taken on our behalf as set forth herein.

Child(rens) Name(s) (Please Print) _____

Parents/Legal Guardian Name (Please Print) _____

Parent/Legal Guardian Signature _____ Date _____

**TOWNSHIP OF WEST DEPTFORD
HOLD HARMLESS AGREEMENT FOR USE OF TOWNSHIP
FACILITIES AND EQUIPMENT**

To the fullest extent permitted by law, in consideration for the use of Township of West Deptford facilities and/or equipment, _____ (name of facility/equipment user) agrees to defend, pay on behalf of, indemnify, and hold harmless the Township of West Deptford, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the Township of West Deptford, against any and all losses, actions, suits, causes of action, demands, damages, liability, claims, costs, settlements, judgments, and other expenses (including, but not limited to, cost of defense, settlement and attorney's fees) of whatever type or nature which are asserted against any of them arising out of the use of West Deptford Township facilities and/or equipment, by reason of personal injury, including bodily injury or death, and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with:

Name of Individual/Organization: _____

Name of Township Facility/Equipment: _____

Date(s) of Event: _____

For the following purpose and no other (Name/Description of Events/Activities/Equipment Usage):

Under no circumstances shall the individual or organization named herein allow another individual or organization to utilize said facility or equipment without the expressed written consent and approval of the Township of West Deptford Township Committee.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Date: _____
Group/Organization _____

Date: _____
Participant _____

Date: _____
Parent/Guardian _____