



Isotopes Youth Skills Clinic presented by Chick-fil-A
Exclusively for boys and girls 5-15 years of age



Saturday, July 19, 2025 from 9am – 1pm- \$75

Name of Participant: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Home Telephone: _____ Date of Birth: _____ Age: _____

Medical Concerns (i.e., previous injuries, medication, allergies, etc.) _____

PLEASE READ AND SIGN BELOW

Isotopes Youth Skills Clinic Waiver

As a parent/guardian of _____, on behalf of the applicant, members of his/her family, his/her heirs, executors, administrators and assigns, hereby forever release, discharge, and hold harmless DBH Albuquerque LLC, dba, Albuquerque Isotopes and the Colorado Rockies Baseball Club, representatives and agents for any injury, loss or damage to the applicant's person or property howsoever caused, arising out of or in conjunction with the applicant taking part in baseball schools and activities and not withstanding that the same may have been contributed to or occasioned by the negligence of the Isotopes, Rockies, representatives or agents. I am fully aware that there is risk of injury involved in participating in this type of activity.

As parent/guardian, I hereby jointly and severally, agree to indemnify the DBH Albuquerque LLC, dba, Albuquerque Isotopes, Colorado Rockies, their officers, agents and employees, against all loss or expense in connection with any claim, demand or action, brought by him/her, his/her representatives, heirs, or assigns based upon injuries or loss sustained in connection with the activities described in the above agreement. By signing this release I acknowledge that I have fully read and understood the conditions herein provided.

I HAVE READ AND AGREE TO THE TERMS FOUND HEREIN AND ATTACH MY SIGNATURE BELOW

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____
(PLEASE PRINT)

Daytime Phone: _____ Email: _____

PAYMENT METHOD:

VISA MasterCard Discover AMEX Cash

Cardholder's Name (Please Print): _____

Card Number: _____ Expiration Date: _____

V-Code: _____ Signature: _____ Date: _____

TO SUBMIT APPLICATION DURING REGULAR BUSINESS HOURS: DROP OFF AT ISOTOPES ADMINISTRATIVE OFFICES (2ND FLOOR OF STADIUM)

TO SUBMIT APPLICATION DURING A GAME: DROP OFF AT THE CNM GUEST SERVICES BOOTH

EMAIL TO: MMONTOYA@ABQISOTOPES.COM