



EVENT WAIVER AND RELEASE

I, _____ (“Participant”, “Me”, “My” or “I”), hereby acknowledge that my voluntary participation in the Base HIIT at Nationals Park on October 5, 2024 (the “Event”) may result in personal injury, death, property damage to Me and/or contraction of COVID-19 or other communicable diseases. By participating in, providing services to, attending and/or observing the Event, I acknowledge and assume all risks and danger to Me that are incidental to or in any way arise from the Event, foreseen or unforeseen, including, without limitation, all risks and danger inherent in these activities (e.g., thrown and/or batted balls, thrown bats, or contact or collisions with any other persons).

I hereby agree to protect, release, forever discharge, indemnify, defend and hold harmless (1) the Washington Nationals Baseball Club, LLC, Washington Nationals Stadium, LLC (collectively, the “Washington Nationals”), (2) Major League Baseball and each of its member clubs, the Office of the Commissioner of Baseball, MLB Advanced Media, L.P., Major League Baseball Properties, Inc., MLB Japan Co., Ltd., MLB Baseball Europe, Ltd., MLB Media Holdings, L.P., MLB Online Services, Inc., The MLB Network, LLC, MLB Professional Development Leagues, LLC and Tickets.com, LLC (3) Washington Convention and Sports Authority t/a Events DC, Nine Sports Holdings, LLC, WN Partner, LLC, Lerner Corporation, Washington Nationals Dominican Operations, Washington Nationals Philanthropies and each of the foregoing entities’ past, present and future related entities, subsidiaries, affiliates, owners, officers, partners, agents, sponsors, licensees, employees, volunteers, shareholders, successors, and/or assigns (collectively, the “Releasees”) from and against any and all claims, suits, demands (or other legal actions or proceedings), obligations, losses, damages, actions, costs and/or expenses (including, without limitation, reasonable attorney’s fees and disbursements), liabilities, the cost of pursuing any insurance providers, liens, rights and compensation, whatsoever incurred by the Releasees or any individual and/or entity affiliated with the Releasees, or that may be incurred by the Releasees, and arising out of or in any way related, directly or indirectly, to my participation in the Event and/or my attendance at the Event and that may be brought by my family members, spouse, heirs, assigns, personal representatives and anyone else entitled to act on my behalf and to the extent they act on my behalf.

Participant agrees to (1) assume all risks associated with COVID-19 and any other communicable diseases and (2) comply with all related health and safety policies of the Washington Nationals, Major League Baseball and the District of Columbia, as might be amended from time to time. Participant agrees to waive, release, forever discharge, hold harmless and consents not to sue the Releasees with respect to any claim, liability or demand, of whatever kind or nature, either in law or in equity (including without limitation for personal injuries or wrongful death) that may arise in connection with or relate in any way to the Participant’s contraction of COVID-19 or other communicable disease, or contraction of COVID-19 or other communicable disease by those the Participant may come in contact with, in connection with the Participant’s participation in the Event and/or presence at Nationals Park for the Event.

I further agree that by signing below, and in consideration of the opportunity to participate in the Event, I authorize the Releasees to depict, in perpetuity, my likeness, images, name, words, voice, and biographical information (the “Images”) in photographic or other works appearing in any and all media now known or hereafter created for purposes of promoting, advertising, or marketing current or future events related to baseball, and I further agree that any and all such Images may be used by them for the foregoing purposes without compensation to Me.

In case of emergency, I authorize the Washington Nationals to contact _____ at phone number: (_____) _____, who has the following relationship to me: _____.

PLEASE READ THE ABOVE BEFORE SIGNING.

Participant – Print Name

Participant- Signature
If participant is under the age of 18, a parent or guardian must sign.

Date