

Monthly Recurring Membership Authorization

To cancel please send written request to: atxfastpitch@gmail.com / atxhardball@gmail.com

Terms of Agreement made with Texas United:

To be used in connection with Texas United Baseball and/or Texas United Fastpitch Softball Organization: Membership privileges limited to Texas United scheduled team facility practice (dates & times subject to change). ProSource Batting Cages is not affiliated with the Texas United Baseball and/or Fastpitch Organization. Texas United Baseball and/or Fastpitch agrees to supply their own team insurance naming ProSource Batting Cages as an additional insured. This is a month to month agreement which is subject to cancellation by ProSource Batting Cages at any time. Cancellations after the 1st of the month are not subject to proration and refunds will not be given.

Recurring Membership Fee of \$550.00 per month to be charged on the 1st business day of every month.

Credit Card Info

Current Date: _____

Card Type: _____

Credit Card #: _____

Exp Date: _____

CVV Code: _____

Cardholder Name: _____

Player Name: _____

Billing Address: _____

City/ Zip: _____

Phone Number: _____

Email: _____

Signature: _____



ProSource Batting Cages
17709 Steger Lane
Manor, TX 78664
512-980-HITS

www.prosourcecages.com / info@prosourcecages.com

ProSource Cages Liability Waiver

In consideration of my use of the exercise equipment and facilities provided by ProSource Batting Cages, referred to herein as “the company”, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the company and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, or my guest in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of the company.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest, and I hereby fully and forever release and discharge the company, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold the company harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my guest.

I agree to be solely responsible for safety and well-being of my guest and myself. I understand that the company does not provide supervision, instruction, or assistance for the use of the facilities and equipment. Furthermore, I understand that no person under the age of 15(Fifteen) is permitted in the Fitness Center/Weight Room Area, and all minors over the age of 15(Fifteen) wishing to use the equipment must be accompanied by a parent or legal guardian.

I agree to comply with all rules imposed by the company regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that the company is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I understand and agree that my use of the facilities and equipment is to be by individual or team membership only, and that the company may revoke or nullify my membership at its discretion.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Date:

Participant Signature:

Participant Print Name:

Date:

Parent / Guardian Signature:

Parent / Guardian Name: