

PEANUT-FREE DAYS

WITH THE WASHINGTON NATIONALS

CONTACT INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
EMAIL: _____

TICKETS (Maximum of 6 tickets per game)

| GAME OPTIONS | QUANTITY | PRICE | TOTAL |
|--|----------|------------------|----------|
| SATURDAY, APRIL 7 <i>vs. Mets // 1:05 p.m.</i> | _____ X | \$35 = | \$ _____ |
| SATURDAY, MAY 5 <i>vs. Phillies // 4:05 p.m.</i> | _____ X | \$35 = | \$ _____ |
| SATURDAY, JULY 7 <i>vs. Marlins // 7:15 p.m.</i> | _____ X | \$35 = | \$ _____ |
| SATURDAY, AUGUST 4 <i>vs. Reds // 7:05 p.m.</i> | _____ X | \$35 = | \$ _____ |
| SUNDAY, AUGUST 19 <i>vs. Marlins // 1:35 p.m.</i> | _____ X | \$35 = | \$ _____ |
| SUNDAY, SEPTEMBER 23 <i>vs. Mets // 1:35 p.m.</i> | _____ X | \$35 = | \$ _____ |
| Seats located in a safe, peanut-free environment. | | TOTAL: \$ | _____ |

MORE INFORMATION

Seating requests will be filled based on availability. Tickets will be emailed upon processing. If mailing of tickets is required, orders will be subject to service fees. Offer not valid at Box Office or day of game. For rain policy, see nationals.com. All game dates and times subject to change. For schedule changes, visit nationals.com/Schedule.

Must sign waiver to participate.

The Washington Nationals Baseball Club may expand its use of netting. Ticket brokers are not eligible for this offer. No refunds or exchanges.



PAYMENT

CREDIT CARD

Orders must be emailed to: seth.puglio@nationals.com Attn: Seth Puglio

Visa Mastercard American Express Discover

Card Number: _____ Exp: _____

For more information, please contact:

SETH PUGLIO

P: 202.640.7687 **E:** seth.puglio@nationals.com

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2018 WAIVER AGREEMENT

2018 WASHINGTON NATIONALS PEANUT ALLERGY EVENT WAIVER

As the parent or legal guardian of _____ (“Participant”), age _____, I hereby acknowledge that the Participant’s voluntary attendance at the Major League Baseball game (the “Event”) at Washington Nationals Park located at 1500 South Capitol St, SE, Washington, DC 20003 on _____, 2018 may result in personal injury or property damage to me. By participating in, 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, including, without limitation, all risks and danger related to exposure to any peanuts, peanut products, and peanut residue (e.g. an allergic reaction of any kind and to any extent, anaphylaxis, or any related symptoms).

I hereby protect, indemnify, defend and hold harmless (1) the Washington Nationals Baseball Club, L.L.C. and its affiliated entities, including, without limitation, the Washington Nationals Dream Foundation (collectively, the “Washington Nationals”), and (2) Major League Baseball and its member clubs and other affiliated entities, from and against any and all claims, suits, demands (or other legal actions), losses, damages, costs and/or expenses (including, without limitation, reasonable attorney’s fees and disbursements), for personal injury, including, without limitation, any injury arising from an allergic reaction to peanuts, property damage or any other injury or loss of any kind, whether based in negligence or otherwise (all of the foregoing the “Damages”) brought by me in connection with the Event.

I further agree that by signing below, and in consideration of the my opportunity to participate in the Event, I authorize Major League Baseball Properties, Inc., the Office of the Commissioner of Baseball and all of the Major League Clubs (including the Washington Nationals) and other affiliated entities 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.

PLEASE READ THE ABOVE BEFORE SIGNING.

I certify that I am the parent or legal guardian of _____, age _____, and I am competent and have the legal right to sign this waiver on his/her behalf.

Parent/Legal Guardian (Print)

Parent/Legal Guardian (Signature)

Date