

Gershkoff Auto Body Auburn Past 20

2018 Trip Participant Agreement

I acknowledge that I am attending the team's trip to Columbia, Tennessee as well surrounding areas in Alabama and Kentucky at my own free will. I further acknowledge that Gershkoff Auto Body Auburn Post 20 Baseball, its officers, sponsors, post officials, management, and their servants are not responsible and in no way liable for my actions throughout this trip. Any activities outside team games become the responsibility of the individual player/parent.

THIS SIGNED NOTICE THUS CONSTITUTES A WAIVER OF ANY RIGHTS TO CLAIM AGAINST GERSHKOFF AUTO BODY AUBURN POST 20 AMERICAN LEGION BASEBALL, IT'S STAFF, MANAGEMENT, TEAM OFFICIALS, OFFICIALS OF AMERICAN LEGION POST 20, CRANSTON, RI.

Signature _____ Date _____

Address _____

NOTE: ALL ATTENDEES MUST HAVE THE FOLLOWING PARENT'S STATEMENT SIGNED

AND NOTARIZED:

I HEREBY ACKNOWLEDGE THAT GERSHKOFF AUTO BODY AUBURN POST 20, ITS BASEBALL PROGRAM, AND THEIR AGENTS, STAFF, AND OFFICIALS ARE NOT RESPONSIBLE FOR ANY ACTIONS OF THOSE ON THE TRIP. PERMISSION IS GRANTED AT MY OWN FREE WILL, AND I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND

THE PROVISIONS ON THIS AGREEMENT. **PLEASE CIRCLE I DO or I DO NOT GIVE PERMISSION FOR ANY EMERGENCY MEDICAL ATTENTION NEEDED.** I UNDERSTAND THAT WHILE I WILL BE NOTIFIED IN THE EVENT OF ANY ILLNESS OR INJURY, I AM ALLOWING PERMISSION FOR TREATMENT IN AN EMERGENCY, IN ADVANCE OF THAT NOTIFICATION AT MY OWN FREE WILL.

PARENTS SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____ EXP _____

ALLERGIC TO MEDICATION _____ IF YES WHAT? _____

MEDICAL INFORMATION THAT WE SHOULD KNOW _____

