

Gershkoff Auto Body Auburn Post 20 American Legion
Baseball and Baseball Clubs

READ BEFORE SIGNING LIABILITY WAIVER /MEDICAL RELEASE & TEAM ROSTER FORM
TEAM NAME _____

Age Level (circle one) 15U 17U 19U IN CONSIDERATION OF my child/ward, being allowed to participate in any way in any team related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 1) FOR MYSELF, ALL FAMILY, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and, 2) I will willingly agree to comply with team and Tournament Rules and Policies and the organizations conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the event itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and, 3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Auburn Post 20, Gershkoff Auto Body, its directors, officers, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesser of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in any baseball related event, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law. 4) I, for myself, my spouse, my child, friends (spectators) and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in any baseball related event, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION and 18/19 year olds TAKE THE SAME AND FULL RESPONSIBILITY) The player and parent/guardian whose signature appears on page 2 of this Roster/Waiver does here by consent to any and all medical and surgical treatments including anesthesia and operation, which may be deemed advisable by my child's physicians and or surgeons. This intention is to grant authority to administer and to perform, all and singularly, any examinations, treatments, anesthetics, operations and diagnostic procedures that may now, or during the course of my child's care, be deemed advisable or necessary. I also agree that my child, when admitted, is to remain in the hospital until his physician recommends his discharge. In witness of my consent and agreement to the matters stated above, I have subscribed my signature below. I also grant

permission to managing and/or coaching personnel, or other representatives or tournament officials, to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician, should my child become ill or injured while participating in baseball activities away from home, or at other times when neither parent or guardian is available to grant authorization for emergency treatment.

Parent Signature_____

Player Signature_____

Date_____