

Maltby Pony Baseball

WAIVER/RELEASE OF LIABILITY & OFFICAL BASEBALL TOURNAMENT TEAM ROSTER

NAME OF TEAM _____ COACH NAME _____

In consideration of being allowed to participate in any way in the Maltby Pony Baseball Tournament, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist: and,
2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES of other, and assume all full responsibility for my participation; and
3. I will agree to comply with the stated and customary terms and conditions for participation; and bring such to the attention of the nearest tournament director.
4. I certify that I, as the parent or guardian of the listed player below, hereby grant permission to the adult manager, coach, trainer or business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital or medical clinic, for the player named below at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Pony Baseball, Inc. organization, Pony Baseball, Inc; the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

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 VOLUNTARY WITHOUT ANY INDUCMENT. **PARENTS/GUARDIAN SIGNATURE SHOULD BE ON THE SAME NUMBERED LINE AS PLAYER'S NAME APPEARS ON THIS ROSTER.** By signing this roster, parents or legal guardian agrees to the above statements and verifies that the date of birth is correct. Parent or legal guardian of each youth player must sign below. **FOR PARTICIPATION OF MINORITY AGE:** This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for all the releases, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

ROSTER

PLAYER NAME	Birth Date	PARENT/GUARDIAN SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

TEAM MANAGERS AFFIDAVIT- I, the manger of above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all of the parents or guardians signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in the Maltby Pony Baseball Tournament.

Coach's Signature _____ DATE _____