



OFFICIAL WAIVER & RELEASE OF LIABILITY & IDEMNIFICATION FORM

I, the signed player or the parent or legal guardian of a minor player named on this roster, acknowledge, agree and understand that: 1.) Voluntarily and of my own free will, I elect to participate as a member of the baseball team and league indicated below. 2.) I understand that there are certain risks and hazards involved in participating in baseball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I agree that in consideration for right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1.) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a nonplaying capacity as a team member or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields arranged for by my team or league for practice or play. 2.) I release, discharge and agree not to sue the team and/or league designated below or any owner or lessee of fields on which baseball/softball is played or practiced by my team or the Palatine Park District (PPD), or their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, league, field or the PPD for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to the negligence, breach of contract or wrongful conduct of these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

PLAYER AFFIDAVIT

I hereby give permission to the PDD and it's local associations to use in any and all publications that they may desire, all pictures taken of the undersigned in their publicizing the game of baseball/softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

PARENT/GUARDIAN AFFIDAVIT

IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN ROSTER ON PAGE 2. I HEREBY GIVE PERMISSION TO THE TEAM MANAGER, INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYERS WHICH I AM EITHER PARENT OR LEGAL GUARDIAN; IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED.

I also hereby give permission to the PPD and it's local associations to use in any and all publications that they may desire, all pictures taken of the minor player in their publicizing the game of baseball.

TEAM MANAGER'S AFFIDAVIT

I am the manager of the below mentioned team and, after being first duly sworn, depose and say that all the information supplied below is correct to the best of my knowledge and that all the players signed the below in their handwriting and they are eligible to compete with my team.

Manager's Name (Print) _____

Manager's Signature _____

Manager's Address (Print) _____

City State Zip _____

Home Phone _____

Office/Mobile Phone _____

Email _____



2016 CASEY POHL MEMORIAL TOURNAMENT ROSTER

Team Name: _____

Manager Name: _____

PRINT OR TYPE PLAYER'S NAME	DATE OF BIRTH	PLAYER OR PARENT/GUARDIAN SIGNATURE	MGR INITIALS*

- 1) Each player/parent guardian should read the above statement before completing and signing the roster.
- 2) Parents/Guardians signature should be on the same numbered line below as the players' name.
- 3) By initialing in the above column, the team manager acknowledges to have read and understand the liability waiver and player affidavit information on page 1.

NOTE: Team accident insurance is not provided by Palatine Park District or its affiliate Palatine Youth Baseball. Each team is required to have their own liability insurance.

ALL OF THE INFORMATION ON THIS ROSTER IS CORRECT TO THE BEST OF MY KNOWLEDGE.