GAME 7 BASEBALL LIABILITY WAIVER / MEDICAL RELEASE & TEAM ROSTER FORM

TEAM NAME:

READ BEFORE SIGNING

PLAYERS NAME(PRINT)	Date of Birth	PLAYERS SIGNATURE	PARENT/GUARDIAN SIGNATURE	RELATIONS
			blied above is correct to the best of my knowledge and	

IN CONSIDERATION OF my child/ward, being allowed to participate in any way in any Game 7 Baseball 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, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FORM 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 Game 7 Baseball 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 Game 7 Baseball, 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 Game 7 Baseball event, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law. 4) I, for myself,

AGE DIVISION: