



LIABILITY WAIVER /MEDICAL RELEASE & TEAM ROSTER FORM

NAME OF TEAM _____

Age Level (circle one) 7U 8U 9U 10U 11U 12U

READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward, being allowed to participate in any way in any CVLL 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 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 CVLL 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 CVLL, 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 CVLL Sports 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 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 CVLL Sports 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)

The parent/guardian whose signature appears on page 2 of this Roster/Waiver does hereby consent to any and all medical and surgical treatments including anesthesia and operations 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 which 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 CVLL sports 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 tournament activities away from home, or at other times when neither parent or guardian is available to grant authorization for emergency treatment.

CVLL will not tolerate the abuse/molestation of any minor participant in a CVLL sanctioned activity. CVLL sanctions athletic events in which it provides rules for play and a tournament structure that leads to season ending tournament opportunities for teams that register to play in CVLL sanctioned events. Because CVLL is not an organizer, it does not, in any way take responsibility for the creation, management or any other activity of the teams (customers) that register to play in CVLL tournaments. As such, we encourage parents of youth team participants, the adult team participants, the community organizations who are involved in the organization, creation or management of such teams to investigate and screen the background and character of the individuals who coach, manage, volunteer or otherwise come into contact with such teams and their minor participants.

Conejo Valley Little League Team Roster & Release Form PLAYER NAME & # (please print)	DOB (m / d /y)	PLAYERS SIGNATURE If Legal Age-If Minor Print Name	PARENT/GUARDIAN SIGNATURE Of Minor Participant	RELATIONSHIP
1.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
2.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
3.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
4.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
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11.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
12.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
13.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
14.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
15.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
16.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
17.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	
18.		I HAVE READ THIS RELEASE	I HAVE READ THIS RELEASE	

TEAM MANAGER'S AFFIDAVIT –

I, the manager of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all players (18 and older), parents or guardians signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in any CVLL Event or Activity in accordance with the CVLL Playing Rules.

IMPORTANT - Each team manager shall be responsible to keep legal copies of birth certificates, etc., at all times on demand in case of protest.

MANAGER'S SIGNATURE:_____ **DATE:**_____

MANAGER'S MAILING ADDRESS:_____ **PHONE ()**_____

MANAGER'S EMAIL ADDRESS:_____