

Redondo Sunset Pony 2019 Father's Day Tournament / Roster and Medical Release Form

League/ TEAM: _____ Manager Name: _____ Team Name: _____
Phone _____ Division: _____ Coach Email _____

As a parent or guardian of a player on the team listed above, I hereby grant my permission to managing personnel or other league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player, in which my signature is next to, become ill or injured while participating in league activities away from home, or where neither parent nor legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Redondo Beach, Redondo Beach Unified School District, Redondo Sunset Pony Baseball, Pony Baseball, Inc., the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player. In addition, I/we also agree to:

Indemnity, Hold Harmless and Duty to Defend: Notwithstanding any insurance coverage which may be in effect, and in addition to any other undertakings referred to herein, FACILITIES USER agrees to fully indemnify, hold harmless and provide for the legal defense of Redondo Beach Unified School District Unified School District, its Board of Education, the individual members thereof, and all District officers, employees, consultants, and agents from any and all liability for injuries, deaths, damages, claims, causes of action, losses, judgments, or awards, arising out of the FACILITIES USER's occupancy or use of the FACILITIES and/or the activities taking place on or in the FACILITIES resulting from the active or passive negligence or fault of FACILITIES USER and/or DISTRICT, except where said injuries, deaths, or losses are the result of the sole negligence or willful misconduct of the DISTRICT. The duty to defend, as contained in this provision, includes the payment or reimbursement of any and all attorney fees, litigation costs, claims handling expenses, and investigation fees that are incurred by or on behalf of the DISTRICT.

"AS IS" and Duty to Inspect: FACILITIES USER agrees that the DISTRICT makes no representation or warranty as to the condition of the FACILITIES which the FACILITIES USER is entitled to use or occupy, and FACILITIES USER agrees to take the FACILITIES "AS IS." FACILITIES USER acknowledges and agrees that it/he/she will have the responsibility and obligation to assure that the FACILITIES are in proper and safe condition before and during the use of the FACILITIES. FACILITIES USER shall conduct inspections of the FACILITIES and remove, correct, repair, or warn of any and all blatant and patent defects or hazards of the FACILITIES before each use of the FACILITIES. FACILITIES USER agrees to refuse or discontinue the use of the FACILITIES if unsatisfactory conditions are not rectified prior to the scheduled use.

Assumption of the Risk: FACILITIES USER hereby recognizes and acknowledges there are inherent risks of injury or death in the activity in which FACILITIES USER shall engage while using or occupying the FACILITIES. FACILITIES USER hereby expressly assumes said risks of injury or death while using or occupying FACILITIES or engaged in an activity that is related to or in connection with this Application and Agreement.

Rules and Regulations: FACILITIES USER acknowledges receipt of a copy of the DISTRICT's Rules and Regulations for the Use of Facilities. By submitting this application and entering into this agreement FACILITIES USER shall abide by all rules and regulations governing the use of the FACILITIES and the conduct of all meetings or activities at or on the FACILITIES. FACILITIES USER further acknowledges that the use of the FACILITIES is contingent upon FACILITIES USER abiding by all applicable laws, as well as any site rules specified by the site administrator.

Player Name	AGE	Date of Birth	Parent / Guardian Signature

We certify that players participating in this tournament, as listed herein are covered by proper insurance of a primary nature, sufficient to cover any and all loss that may occur due to injury while participating in the 2019 Father's Day Redondo Sunset Baseball Tournament.

Signature of League or TEAM Official / Title : _____