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

and obtain medical care, at my expense, from all or injured while participating in league a emergency treatment. I assume all risks and I waive, release, absolve, indemnify and agree Baseball, Pony Baseball, Inc., the organizers all claims arising out of an injury to the player and the player of	m listed above, in any licensed pactivities away hazards incident et ohold harmles, sponsors, super. In addition, et al. Notwithstates to fully indeed of Education deaths, damager the activities the cept where said in this provist at are incurred by the same of the same	I hereby grant my permisohysician, hospital or merom home, or where no tal to my child's participses the City of Redondo lervisors, participants and I/we also agree to: anding any insurance covernify, hold harmless are, the individual members, claims, causes of actional action place on or in the I injuries, deaths, or lost ion, includes the payment by or on behalf of the DISTRICT maker by, and FACILITIES Ustability and obligation to R shall conduct inspections before each use of the rectified prior to the schematic properties and acknowledges the FACILITIES. FACILITIES USER shall LITIES.	ession to managing personnel or other league representatives to authoridical clinic should the player, in which my signature is next to, beconcither parent nor legal guardian is available to grant authorization of ation, including transportation to and from the activities; and do here Beach, Redondo Beach Unified School District, Redondo Sunset Pola persons transporting the player to and from the activities, for any a derage which may be in effect, and in addition to any other undertaking and provide for the legal defense of Redondo Beach Unified Schoolers thereof, and all District officers, employees, consultants, and, losses, judgments, or awards, arising out of the FACILITIES USEF FACILITIES resulting from the active or passive negligence or fault are are the result of the sole negligence or willful misconduct of the or reimbursement of any and all attorney fees, litigation costs, claim STRICT. The same representation or warranty as to the condition of the FACILITIES are agrees to take the FACILITIES "AS IS." FACILITIES USE assure that the FACILITIES are in proper and safe condition before the proper and safe condition and proper and safe condition before the proper and sa
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Player Name	AGE	Date of Birth	Parent / Guardian Signature
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			ered by proper insurance of a primary nature, sufficient to cover
iny and all loss that may occur due to inju	ary while partic	cipating in the 2019 Fat	her's Day Redondo Sunset Baseball Tournament.