



2021 Team Waiver / Roster / Info Form

TEAM NAME: _____

Manager's Name: _____

Cell Ph: (____) _____

Home Ph: (____) _____

Address: _____

E-Mail: _____

City: _____

State: _____

Zip: _____

Age Division: 8U ____ 9U ____ 10U ____ 11U ____ 12U ____ 13U ____ 14U ____ 15u ____ 17u ____ 19u ____

Player Waiver of Liability:

I being the parent or legal guardian of the above-named player, completely understand the risks involved in and do hereby consent for my child to participate in any of the activities, games, practices, camps or tournaments of (NW Local Events LLC) entered into as an individual or with his/her baseball team and to use the facilities of the provided ball parks or any other in-state or out-of-state facility designated as the location for team organized activities, practices or games. I consent to allow my child to participate in any NW Local Events LLC sanctioned tournament, league, or camp as a member of the participating Team, and hereby release, indemnify and hold harmless the ballpark, ball field facilities, players, directors, commissioners, agents, umpires, employees and assignees from any and all liability, claims, actions, demands, and judgments arising out of any injury or loss sustained by the below named child, myself, my family or guests in connection with the NW Local Events LLC, any team practice sessions, any team sponsored or team recognized activities, travel or any other functions that the above-named player, myself, my family or guests invited to as members of the participating team.

By signing this roster I agree to the above waiver, and I am verifying that the DOB for my athlete is accurate.

TYPE OR PRINT NAME	DOB	PLAYER'S SIGNATURE	PARENT/GUARDIAN SIGNATURE	RELATIONSHIP
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____

As manager of the above named team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all parent/guardian signatures listed above are true and correct.

MANAGER'S SIGNATURE: _____

DATE: _____

NOTE: After 1 year from the above date, a new waiver / Roster must be filled out and signed.