



Team Roster and Release

TEAM/DIVISION: _____ **Manager Name/Phone/Email:** _____

PARENTS/GUARDIANS, PLEASE READ AND SIGN BELOW:

In consideration of being allowed to participate in the South Bay Baseball Classic (the "Tournament"), on behalf of the player named below next to which my signature appears (the "Player"), I hereby: (1) give my approval for the Player's participation in the Tournament; (2) grant my permission to team managing personnel and Tournament representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the Player become ill or injured while participating in the Tournament, or where a parent or legal guardian is not available to grant authorization for emergency treatment; (3) certify that the Player's birthdate indicated below is correct and agree to furnish certified birth documentation for the player, upon request by organization league officials, and to return upon request the uniform and other equipment issued to the player in as good a condition as when received, except for normal wear and tear in organization league activities; (4) acknowledge and agree that the risk of injury from the activities involved in the Tournament is significant (including the potential for permanent paralysis and death), and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; (5) acknowledge that participation in the Tournament includes possible exposure to an illness from COVID-19, (6) KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for the Player's participation; (7) HEREBY WAIVE, RELEASE, INDEMNIFY AND AGREE TO HOLD HARMLESS South Bay PONY Baseball ("SBP"), Pony Baseball, Inc., the organizers, sponsors, supervisors, participants and all persons involved with the Tournament, owners and lessors of premises used to conduct the Tournament, and their respective officers, officials, agents, and employees (the "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, and (8) grant to SBP permission to photograph and/or video record the Player and or myself, and grant the perpetual right to use the photo and/or video in any manner without any additional consideration or approval. **I HAVE READ THIS DOCUMENT FULLY, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Player Name	Birthdate	Parent/Guardian Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____