



## MEDICAL WAIVER

I, the parent or legal guardian of \_\_\_\_\_ (“Player”) hereby approve and consent to participation of the Player in the Amateur Softball Association (ASA) tryout activities of the Bears Softball Association. I assume all risks and hazards incident to such participation and do hereby waive, release, and hold harmless the Bears Softball Association from any and all claims, demands, actions, and causes of action (Claims) arising out of any injury to the Player including any Claims by the Player. I represent that I have the authority to sign this authorization and release and contract to indemnify on behalf of the Player and myself. I have carefully read and fully understand the above Authorization and Release.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date