## Madison Heights Youth Baseball Association Inc. 2025 Release of Liability for Minor Participants

In Consideration of my child/wardto participate in any in the related Madison Heights events and activities, the undersigned acknowledges that:	
The risks of injury and illness (ex: communicable disinfluenza, and Covid) to my child from the activities programs are significant, including the potential for death, and while the rules, equipment, and personal of these risks, the risks of serious injury and illness do	involved in these permanent disability and discipline may reduce
1. For myself, my spouse, and child/ ward, I knowingly risks, both known and unknown, even if arising from the negl others, and assume full responsibility for my child's participa 2. I willingly agree to comply with the program's stated conditions for participation. If I observe any unusual significar readiness for participation and/or in the program itself, I will participation and bring such attention of the nearest official in 3. I myself, my spouse, my child/ward hereby release an Heights Youth Baseball Association Inc. it's directors, office employees, volunteers, other participants, sponsoring agenciand if applicable owners and lessors of premises used to cond with respect to any and all injury, illness, disability, death or property incident of my child's involvement or participation in arising from the negligence of the Releasees or otherwise, to by law.  4. I, for myself, my spouse, my child/ward, hereby inder the above Releasees (section 3) from any and all liabilities in participation in these programs, even if arising from their neg permitted by law.	ligence of the releases and ation: and, and customary terms and ant concern in my child's remove my child from the mmediately; and, ad hold harmless Madison ers, officials, agents, ies, sponsors, advertisers, duct the event ("Releasees"), loss or damage to person or in these programs, whether the fullest extent permitted mnify and hold harmless all cident to my involvement or
I, the parent/guardian assert that I understand: the ris myself and my child/ward responsibilities from adheregulations set in place by the organization (either w understand and agree to this liability waiver.	ering to the rules and
Parent / Guardian Signature:	
Date Signed:/ 2025	