

**Madison Heights Youth Baseball Association Inc.
2026 Minor Participant Medical Waiver / Release**

For Participation in – Regular Season and District, State and World Series Tournaments.

I, FOR MYSELF, MY SPOUSE, AND MY CHILD/WARD HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

UNDERSTANDING OF RISK,

I understand the seriousness of the risks involved in my child/ward participating in this program. I have explained to him/her, their personal responsibilities for adhering to the rules and regulations (written or verbal). I and my child/ward accepts them for his/her participation.

Name of Minor Child/Ward: _____

Name of Parent/Guardian:(**Print**) _____

Parent/Guardian **Signature:** _____

Date Signed: ____/____/ 2026

Additional Information for Parents/Guardians for parents signing on Page 2.

In addition to the above information and the 2026 Liability Waiver, I confirm that I provided an accurate copy of a certified birth certificate or other acceptable proof of age to the league officials on behalf of my child/ward and my signature on Page 2 of this Medical Waiver / Release form also authorizes the following medical release for my child / ward.