



## MEDICAL RELEASE AND INDEMNITY

I, \_\_\_\_\_ (Print Name), the parent/legal guardian of the player listed below, certify that, to my knowledge, the player has no physical impairment or defect or ailment, whether latent or patent, that should preclude the player from participating in this program, related to the Coronavirus Disease (COVID-19) or the virus that causes it, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).

I give permission to the Arizona Travel Ball Organization, its coaches, and/or representatives to provide medical treatment to the player in case of emergency or injury. It is understood that any medical expenses incurred will be the responsibility of the parent/legal guardian of the player, whether any recovery from insurance is experienced or not.

### PLAYER'S EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies \_\_\_\_\_

Please print name, sign, and date below. If the Player is a minor, parents/legal guardians, must sign below.

Print Player's Name:	
Print Parent/Legal Guardian Name:	
Parent/Legal Guardian Signature:	
Date Signed:	