

Chester County Cricket Academy, Downingtown, PA, 19335

| | (player name or child's name) being allowed |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| to participate or volunteer in any capacity in the activities of | |
| | non-minor guardian, player over the age of |
| 18, coach, volunteer, administrator) hereby confirm that I have | ve read, and |
| I agree that: | |
| 1. The risk of injury to me/ my child/ward from the activities involve potential for permanent disability and death, and while particular reduce this risk, the risk of serious injury does exist; and, | |
| 2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FRUNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEAS my child/ward's participation and, | |
| 3. I willingly agree to comply with the program's stated and custor observe any unusual significant concern in my child/ward's readine I will remove my child/ward from the participation and bring such a | ess for participation and/or in the program itself, |
| 4. I, for myself, my spouse, my child/ward, and on behalf of my/our of kin, HEREBY RELEASE AND HOLD HARMLESS "Academy" its ovolunteers, other participants, sponsoring agencies, sponsors, advergemises used to conduct the event ("Releasees"), WITH RESPECT loss or damage to person or property incident to my child/ward's WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR law. | directors, officers, officials, agents, employees, ertisers, and if applicable, owners and lessors of TO ANY AND ALL INJURY, DISABILITY, DEATH, or involvement or participation in these programs, |
| 5. I, for myself, my spouse, my child/ward, and on behalf of my/our lof kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above relicitle child's/ward involvement or participation in these programs, EVE fullest extent permitted by law. | easees from any and all liabilities incident to my |
| I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISI UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGI WITHOUT ANY INDUCEMENT. | |
| Name of participant: | |
| If under 18 years of age, name of parent/guardian: | |
| Signature of participant, or if under the age of 18, signature of | parent/guardian: |

USA Cricket Junior Pathway and All Other Tournaments during 2024 Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS (READ BEFORE SIGNING)

| IN CONSIDERATION OF | , my (Name Of Minor Child/Ward) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| child/ward, being allowed to participate in any way in the East Coast Youth C | Cricket League (EYCL) related events and |
| activities, the undersigned acknowledges, appreciates, and agrees that: | |
| 1. The risk of injury to my child/ward from the activities involved in thes potential for permanent disability and death, and while particular rules, e reduce this risk, the risk of serious injury does exist; and, 2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY AS unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or o my child/ward's participation; and, 3. I willingly agree to comply with the program's stated and customary ter observe any unusual significant concern in my child/ward's readiness for participation and bring such attention | SUME ALL SUCH RISKS, both known and others, and assume full responsibility for times and conditions for participation. If I participation and/or in the program itself, of the nearest official immediately; and, |
| 4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, ass of kin, HEREBY RELEASE AND HOLD HARMLESS East Coast Youth Cricket Leag agents, employees, volunteers, other participants, sponsoring agencies, sowners and lessors of premises used to conduct the event ("Releasees"), V DISABILITY, DEATH, or loss or damage to person or property incident to my clin these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RE extent permitted by law. 5. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs next of kin, HEREBY INDEMNIFY AND HOLD Chester County Cricket Academ | gue (EYCL) its directors, officers, officials, ponsors, advertisers, and if applicable, VITH RESPECT TO ANY AND ALL INJURY, hild/ward's involvement or participation ELEASEES OR OTHERWISE, to the fullest, assigns, personal Representatives and |
| releasees from any and all liabilities incident to my child's/ward involvem EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted | ent or participation in these programs, |
| I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREE UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, WITHOUT ANY INDUCEMENT. | |
| (PRINT PARENT/GUARDIAN NAME) (SIGNATURE) | _ |
| Date Signed: | |
| UNDERSTANDING OF RISK I understand the seriousness of the risks involved in participating in this pradhering to rules and regulation, and accept them as a participant. | ogram, my personal responsibilities for |
| | |
| (PRINT PARENT/GUARDIAN NAME) (SIGNATURE) | |
| Date Signed: | |
| | |

This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.