

PLAYER IINJURY RELEASE FORM

MUST BE FILLED OUT BY EVERY PLAYER AND COACH ON EVERY TEAM

SHOWCASE\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PARTICIPANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEAM NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEASE OF LIABILITY

UPON ENTERING EVENTS, I/WE UNDERSTAND AND APPRECIATE THAT PARTICIPATION OR OBSERVATION OF THE SPORT OF BASEBALL CONSTITUTES A RISK TO ME/US OF SERIOUS INJURY, INCLUDING PERMANENT PARALYSIS OR DEATH. I/WE VOLUNTARILY AND KNOWINGLY RECOGNIZE, ACCEPT AND ASSUME THIS RISK, AND RELEASE ANY TEAM REPRESENTATIVES AND ANY ARENA, THEIR AFFILIATES, THEIR SPOUSES, EVENT ORGANIZERS AND OFFICIALS FROM ANY LIABILITIES THEREOF. I/WE ALSO UNDERSTAND THAT BY SIGNING BELOW I/WE ARE ACKNOWLEDGING THAT THE PARTICIPANT HAS BLUE CROSS AND BLUE SHIELD OR THE EQUILAVENT OF THAT TYPE OF INSURANCE AND WILL BE THE MAIN BILLING IF AN INJURY WAS TO OCCUR DURING THIS EVENT.

PARENT’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLAYER’S SIGNATURE (IF 18YEARS OR OLDER)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_