

Livingston Youth Baseball, Inc. - Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in Livingston Youth Baseball Association, Inc. (LYBA) related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

- 1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
- 2) I will willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
- 3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Livingston Youth Baseball Association, Inc.; its directors, officers, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 4) I, for myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____

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

LYBA REGISTRATION

Cash _____ Check # _____

Ages 5-6: \$60 Ages 7-14: \$70 (Age as of April 30, 2010) (Fees \$75 & \$85 after Feb 6th)

Player's name **EXACTLY** as shown on birth certificate: _____

Player's date of birth: _____ Last year's team/coach: _____

School Player Attends: _____ Grade: _____

Parents: _____

Physical Address: _____

Home telephone number: _____ Dad's work number: _____

Mom's work number: _____ Emergency number: _____

Email address: _____

Comments: _____

Shirt Size (Mark One)

Youth S (6-8) _____	Adult S (30-32) _____	Adult XL (42-44) _____
Youth M (10-12) _____	Adult M (34-36) _____	Adult 2XL (46-48) _____
Youth L (14-16) _____	Adult L (38-40) _____	Adult 3XL(48-50) _____

The parent/guardian whose signature appears below does hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by my child's physician s and or surgeons. This intention is to grant authority to administer and to perform , all and singularly, any examinations, treatments, anesthetics, operations and diagnostic procedures which may now, or during the course of my child's care, be deemed advisable or necessary. I also agree that my child, when admitted, is to remain in the hospital until his physician recommends his discharge. In witness of my consent and agreement to the matters stated above, I have subscribed my signature below. I also grant permission to managing and/or coaching personnel, or other Livingston Youth Baseball, Inc. representatives or tournament officials, to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician, should my child become ill or injured while participating in tournament activities away from home, or at other times when neither parent or guardian is available to grant authorization for emergency treatment.

Signature of Parent or Guardian: _____

Child's Allergies/Drugs/Other: _____

Family Doctor: _____

Family Health Insurance

Company Name: _____

Person Insured: _____