



LIABILITY WAIVER/MEDICAL RELEASE & TEAM ROASTER FORM



NAME OF TEAM: _____ DIVISION: _____

READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward, being allowed to participate in any way in any Keystone Fieldhouse Sports Complex Baseball 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 the risk, the risk of serious injury does not exist; and, 1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both know and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and 2) I will willingly agree to comply with Keystone Fieldhouse Sports Complex Rules and Policies and the organizations conditions for participation. If I observe any unusual significant concerns in my child's readiness for participation and/or in the event 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 Keystone Fieldhouse Sports Complex Baseball, it's directors, officers, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("Release"). 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 any Keystone Fieldhouse Sports Complex baseball event, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASES 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 liability incidents to my involvement or participation in any Keystone Fieldhouse Sports Complex baseball events, 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 AND INDUCEMENT.

PARENTS/GUARDIANS SIGNATURE Should be on the same line as player's name appears on the roster. By signing this roster, parent or legal guardian agrees to the above statement and verifies the date of birth is correct. Parent or legal guardian of each youth player must sign below. For participants of minority age: This is to certify that I, a parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for all the releases, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the releases from any and all liability incident to my minor child's involvement or participation in these programs as provided above. Even if arising from their negligence.

Players Name	Jersey Number	Date of Birth	Players Signature	Parent/Guardian Signature	Relationship
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

TEAM MANAGER'S AFFIDAVIT - I, the manager of the above team, do hereby state that all the information supplied above is correct to the best of my knowledge and all parents/guardians signed the above in their own handwriting. I further agree that each child is eligible to complete with my team in any Keystone Fieldhouse Sports Complex baseball event in accordance to the Keystone Fieldhouse Sports Complex official playing rules. **IMPORTANT:** each manager shall be responsible to keep legal copies of birth certificates, etc., at all times in case of protest.

MANAGER'S SIGNATURE: _____ DATE: _____