



Action Baseball Club Waiver and Release of Liability / Medical Consent

NOTE: All Participants/ Parents must read and sign this form before participating in Action Baseball Events.

In consideration of being allowed to participate in any way with the Action Baseball program, I, the undersigned acknowledge, appreciate, and agree that:

1. I risk bodily injury, including paralysis, dismemberment, disability and death, and while particular rules of sports, skills, equipment and personal discipline may reduce the risk, this risk of serious injury does exist, as well as the risk of damage to or loss of property and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others,, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation or if I observe any concern in my readiness for participation, I will immediately bring such to the attention of the nearest official and remove myself from participation; and
4. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, hold harmless and promise not to sue Action Baseball club, their officers, officials, volunteers, employees, agents, and / or other participants, sponsors, advertisers, and , if applicable, the lessors of premises used for the activity ("Releasees"), with respect to any and all injury, disability, death, and/or loss or damage to person or property, whether caused by the negligence of the releases or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law.

I have read this **Release of Liability and Waiver 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.

Participant's Signature _____ Age: _____

Participant's Name (Print): _____ Date: _____

For Parents/Guardians of Participants of Minority Age (under 18 yrs of age)

This is to certify that I/we, as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only his/her release, but also for myself/ ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releasees from any and all Liability incident to my/our minor child's involvement as stated above, even if arising from the negligence of the releases to the fullest extent permitted by law.

Parent/Legal Guardian Signature: _____ Date Signed: _____

Parent/Legal Guardian Name (Print): _____ Emerg. Ph: _____

Parent/Guardian Medical Consent

In the event of an accident or other emergency, when a parent or guardian is unavailable, I hereby authorize a member of the Action Baseball Staff to make such arrangements as they consider necessary for my child to receive medical or hospital care and transportation.

Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event the below-named physician is not available, I authorize such care/treatment be performed by any licensed physician or surgeon.

The undersigned hereby agrees to bear all costs incurred as a result of the forgoing.

Parent/Guardian Signature: _____ Date: _____

Parent Home Phone		Doctor Name	
Cell/Alternate Phone		Doctor Phone	
Parent Address/City/Zip		Preferred Hospital	
Emerg Contact Name		Insurance Carrier	
Emerg Contact Phone		Group Acct. No.	

Please check any limiting factors that apply:

___ Wears glasses ___ Hearing ___ Asthma ___ Diabetes List allergies _____

Comments _____