

Dixie Youth Baseball, Inc.

Sub District, District, Area, Regional, State, and World Series Tournaments Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING ON NEXT PAGE

IN CONSIDERATION OF my child/ward, being allowed to participate in any way in the Dixie Youth Baseball, Inc. Sub District, District, Area, Regional, State, or World Series Tournaments, 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 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,
2. I, FOR MYSELF, SPOUSE, AND CHILD/WARD, 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/ward's participation; and,
3. I 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/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Dixie Youth Baseball, Inc.; Dixie Youth State Affiliates; my local team and league; tournament host; their respective directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

FOR PARENTS/GUARDIANS SIGNING ON NEXT PAGE:

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 on the signature line for my child's name on the next page, and sign it freely and voluntarily without any inducement.

SEE NEXT PAGE FOR REQUIRED SIGNATURES

Date: _____ League Name: _____ Franchise# _____

FOR PARENTS/GUARDIANS SIGNING BELOW:

In addition to the provisions on the previous page, I confirm that I have provided an accurate copy of a certified birth certificate or other acceptable proof of age to league officials on behalf of my child and my signature below also authorizes the following medical release for my child:

Medical Release - I grant permission to managing and/or coaching personnel or other league 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/guardian is available to grant authorization for emergency treatment. This authorization includes the administration of first aid and transportation to and from a medical treatment facility. In addition, I will list any allergies or illnesses for which my child is being treated by medical doctor in the space provided below.

Player's Name	Note: You may provide the following information on a separate sheet of paper if you have any privacy concerns.		Parent's Signature
	Allergies (Drugs or other)	Illnesses Under MD Care	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			