

**MEDICAL RELEASE,
TERRELL MILL SOFTBALL ASSOCIATION INDEMNIFICATION AND
PARTICIPATION AGREEMENT**

To assure that TMSA play promotes player safety, skills development and enjoyment, and to avoid disruption of participation for other families your association requires this section be completed:

Player's Name: _____

League Age as of 12/31/2015: _____

For and in consideration of allowing my child to participate in the athletic program of Terrell Mill Softball Association (hereafter known as "TMSA"), I, the undersigned parent or guardian of the above-named child (hereafter known as "my child", agree to the terms and conditions below.

I hereby request and grant permission to coaches, assistant coaches, and other officials of TMSA to provide reasonable care to my child in the event of injury or illness during any team activity if I am not present. Such care may include first aid treatment, transport to a medical facility or the summoning of emergency assistance (ambulance, rescue, etc.). I agree to accept the financial liabilities resulting from such care.

I warrant that, in the space that follows, I have provided a listing of all relevant medical conditions, physical limitations, ongoing medications, and past injuries related to my child.

I warrant that I have consulted reliable medical authorities about any conditions, limitations, medications, and injuries above, and that these do not constitute a barrier to my child's participation in the TMSA athletic program.

I indemnify and hold harmless TMSA, its officials, coaches, and assistants from any and all liability from my child's activities of any nature with TMSA.

I understand that my child's participation in team practices and games throughout the regular season and post-season tournament is essential to his/her development and enjoyment and that of other players and parents on my child's team as well. I promise to ensure my child's attendance and attention at practices and games and, when possible, to provide coaches with advance notice of absences. I understand that I will forfeit my privilege of pre-registration in the following year for failure to honor this commitment.

I also agree to abide by TMSA and Cobb County rules, including adult conduct expectations.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian