

Fall Ball
LIABILITY WAIVER-Official Roster

I/We, the parents/guardians of the above-named player, hereby give my/our approval to participate in WSA FallBall Program 2. I/We know that participation may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless City of Whitehouse, Whitehouse Sports Assoc, Directors, sponsors, coaches, participants, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. 3. I/We give permission for my player to be photographed or videotaped for purposes such as marketing and public relation purposes. 4. NO REFUNDS WILL BE ISSUED! By signing below, I acknowledge I have read the policy and are in agreement.

	Player name (print)	Birth Date	Complete Mailing Address	Email Address	Parent Signature	Today's Date
1						
2						
3						
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19						
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Team Name: _____

Division: _____ Baseball or Softball

Coach's Name: _____

Email: _____ Cell: _____