



### Greater Lowell Baseball Association Waiver/Release of Liability

1-The undersigned Greater Lowell Baseball Association player hereby acknowledges that participating in the 2019 Greater Lowell Baseball Association Season carries with it the potential risk of injury, and as such the undersigned hereby assumes the risk of such possible injury. I do understand that there is a small risk of potentially catastrophic injury by participating. I assume financial and legal responsibility for any injury or injuries suffered during participation in the above mentioned sports camp/clinic. I am aware of the risks and assume the responsibilities associated with the 2019 GLBA baseball season.

2- Recognizing the possibility of physical injury associated and in consideration for Greater Lowell Baseball Association accepting the registrant for its program (full season + playoffs) I hereby release, discharge and/or indemnify Greater Lowell Baseball Association, its directors, coaches, sponsors, volunteers and associated personnel, including the facilities utilized for the Programs, against any claim, loss, damage or other disability.

3- Greater Lowell Baseball Association, its employees or agents are not responsible for accidents and medical and dental expenses incurred as a result of participation in this program.

4- I am covered by family/personal insurance and am in good health and able to participate in the physical activity of a rigorous program.

5- 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 liabilities incident to my involvement or participation in these programs, 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 ANY INDUCEMENT.**

I, \_\_\_\_\_, declare that I am the Player participating in the 2019 GLBA Season.

\_\_\_\_\_  
Signature

**Medical Information:**

Allergies: \_\_\_\_\_

Medication presently taking: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

Past illness or other information that would be useful in the event that treatment is necessary: \_\_\_\_\_

**Emergency Numbers:**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_