­­­

­

PLAYER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLAYER WAIVER, RELEASE AND HOLD HARMLESS**

I, the parent/guardian of player, understand and acknowledge that competitive sports can be a dangerous endeavor and further that player may suffer serious injury, including, but not limited to, sprains, fractures, brain injury, paralysis or even death as a result of participation in sports. With full knowledge of the risks, I give my consent for player to participate in the Indiana Elite Baseball Organization. On behalf of player and myself, I hereby WAIVE, RELEASE and forever DISCHARGE all coaches, assistants, drivers and players from any and all claims of any nature arising out of injury, illness, loss or damage that player and / or the parents or guardians may suffer or sustain as a result of the player’s participation in the Indiana Elite Organization or activities relating thereto. Furthermore, the undersigned hereby INDEMNIFIES and agrees to HOLD HARMLESS all coaches, assistants, drivers, and players from any and all loss or liability arising out of the player’s participation in the Indiana Elite Baseball Organization. These provisions shall not relieve a driver’s insurance carrier from having to pay for driver’s liability for automotive accidents.

If an emergency arises, an effort will be made to contact player’s parents or guardians. If they cannot be reached, permission is hereby granted to the attending physician to proceed with the emergency medical treatment. Permission is also granted to the coaches to provide emergency treatment to the player prior to the arrival of medical personnel. Parents or guardians agree to be financially responsible for any medical treatment.

The signature of one parent or guardian shall bind each parent or guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature