AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

RELEASE OF LIABILITY — READ BEFORE SIGNING!

In consideration of being allowed to participate in any way as a member of any team in the Rock River Baseball League, its related events and activities, I, (name of participant), the undersigned, acknowledge, appreciate, and agree that:

- The risk of injury and illness resulting from the activities involved in this program is significant, including the exposure to, or potential for infections, including but not limited to influenza, COVID-19, MRSA, as well as permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury and illness does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I'm aware of or observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of my team's field manager and the Rock River Baseball League immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ROCK RIVER BASEBALL LEAGUE, their officers, officials, general managers, field managers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL ILLNESS, INFECTIOUS DISEASE, INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, 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.

Name:
Геат:
Date of Birth:
Phone Number:
Email:
Address:

City:
State:
Zip Code:
Signature:
Date Signed:
FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)
(UNDER AGE 18 AT TIME OF REGISTRATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.
Parent/Guardian Name:
Emergency Phone Number:
Signature:
-
Date Signed:
Date Orginea.