

Amateur Athletic Minor Waiver & Release of Liability

In consideration of the minor participant being allowed to participate in West El Paso Baseball athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) may inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise his or her coach of such conditions(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve the risk of serious injury, including permanent disability and death, and the risk of severe social and economic losses which might result not only from own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises where play occurs or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.
4. Release, waive, discharge, indemnify, hold harmless and covenant not to sue West El Paso Baseball, its affiliated clubs, their respective administrators, officers, directors, agents, coaches, and other employees, and if applicable, owners and lessors of premises used to conduct play, all of which are hereinafter referred to as "releasee(s)", in respect of any and all claims or demands incurred by the undersigned or the minor participant on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee(s) or by any other cause.
5. Agree that this agreement, waiver and release may not be modified orally, but only by writing subscribed by the President of West El Paso Baseball, INC.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Parent or Guardian (Signature/Relationship) _____

Date _____

Printed Name of Parent or Guardian _____

Consent For Treatment

Player's Name: _____ Home Phone: _____

Age as of 4/30/10: _____ Division: _____ Team (if known): _____

Home Address: _____ City: _____ Zip Code: _____

Family Physician: _____ Phone: _____

List of Allergies/Illnesses: _____

Required Medication: _____

In case of an accident or illness, I hereby authorize a representative of West El Paso Baseball to use his/her judgment in obtaining immediate medical care. Parents will be notified in case of serious illness or injury as quickly as possible. I agree to be responsible for payment for any medical care which is needed.

Parent or Guardian Signature _____ Date _____