

# WAUSA SUMMER LEAGUE WAIVER OF LIABILITY FOR BASEBALL AND SOFTBALL PLAYERS

It is hereby understood and agreed that any bodily injury, property loss and/or property damage arising while playing ball will not be held against coaches or any helpers in the program by the undersigned. This waiver releases all individuals helping with the baseball/softball program from liability.

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

All Work/home/cell Phone Numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I/We agree in the event of illness or injury to my child during a baseball/softball game or practice, I/We hereby give consent for the performance of such diagnostic, medical, and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

Parent/guardian's Signature: \_\_\_\_\_

Relation: \_\_\_\_\_ Today's date: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

In the event that I am unable to be reached:

Emergency contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_

all work/home/cell Phone numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_