



LITTLE FALLS FLYERS INVITATIONAL TOURNAMENT LIABILITY WAIVER & OFFICIAL ROSTER FORM



Team Name _____

Age Level _____

READ BEFORE SIGNING

In consideration of my child/ward, being allowed to voluntarily participate in any way in any Little Falls Youth Baseball related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1: FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's voluntary participation, and,

2: I will willingly agree to comply with LFYB Rules and Policies and the organizations conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the event itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

3: I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Little Falls Youth Baseball, its directors, officers, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesser of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in any LFYB event, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4: I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in any LFYB event, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. I also give consent to use, without compensation, any picture, name, voice or likeness for promotional, television, radio, or film relating to LFYB events.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTIONS 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, FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) The parent/guardian whose signature appears on page 2 of this Roster/Waiver does hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by my child's providers and/or surgeons. This intention is to grant authority to administer and to perform, all and singularly, any examinations, treatments, anesthetics, operations, and diagnostic procedures which may now, or during the course of my child's care, be deemed advisable or necessary. I also agree that my child, when admitted, is to remain in the hospital until his provider recommends his discharge. In witness of my consent and agreement to the matters stated above, I have subscribed my signature below. I also grant permission to managing and/or coaching personnel, or other LFYB representatives or tournament officials, to authorize and obtain medical care and treatment from any licensed provider, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed provider, should my child become ill or injured while participating in tournament activities away from home, or at other times when neither parent or guardian is available to grant authorization for emergency treatment.



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	Player Name	DOB (MM/DD/YYYY)	Parent/Guardian	Parent/Guardian Signature	Relationship
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Team Representative's Affidavit

I, the representative of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all players (18 and older), parents or guardians signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in any **LFYB** event or activity in accordance with the **LFYB** Official Playing Rules. IMPORTANT- Each team representative shall be responsible to keep legal copies of birth certificates, concussion certifications, etc., at all times on demand in case of protest.

Team Name _____ Age Level: _____

Representative's Signature: _____ Date: _____

Representative's Mailing Address: _____

Representative's Phone: (____) _____ Representative's Email Address: _____