



South St. Paul Youth Baseball Winter Training Waiver

When: Sunday, January 4th to Sunday, March 29th, 2026

- Sessions for grades 3-4: Tuesdays from 7:00pm - 8:00pm
- Sessions for grades 5-9: Sundays from 11am - 1:00pm

Where: Packer Activity Center, 700 2nd Street N, SSP 55075

Cost: FREE for 2026!

What: Structured weekly training and drills. Training sessions will include warm-up, infield and outfield drills, batting and cool down/game/skill specific sessions. Sessions include but are not limited to: fielding drills, pitching and throwing mechanics, hitting mechanics, hitting off batting tees, soft toss, and hitting off a pitching machine.

****PLEASE NOTE THAT PLAYERS USE THEIR OWN EQUIPMENT AT THEIR OWN RISK AND SSPYBA IS NOT RESPONSIBLE FOR DAMAGED, LOST, OR STOLEN EQUIPMENT****

Print and bring to your first Training Session or Mail to:
SSPYBA, PO Box 725, South St. Paul, MN 55075

Name _____ **Grade** _____ **DOB** _____

Parent/Guardian _____ **Phone #** _____

Email Address _____

Address _____

Emergency Contact: Name _____ **Phone:** _____

Waiver/Release for Communicable Diseases including COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of the South St. Paul Youth Baseball athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. 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 participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS South St. Paul Youth Baseball their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

PARENT/LEGAL GUARDIAN AGREEMENT

I, the parent/guardian/participant, in registering, understand that he/she/I in attending the above program and using the facilities at which the program is conducted does so at his/her/my own risk. SSPYBA, and its employees and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by participating in or about any programs offered by SSPYBA. I acknowledge that I am aware of the risk inherent in participating, that considerable physical exertion can be required; and could potentially lead to injuries; possible permanent disability and or death. Participants and parents/guardians assume full responsibility for all injuries and damages which may occur in or about any programs and he/she/I do or does hereby fully and forever release, discharge and hold harmless SSPYBA, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present and future resulting from or arising out of any participation in any programs or use of facilities. Also, he/she/I waives all rights to any photos taken for use in any SSPYBA publication.

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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Legal Guardian Signature

Date