

# Waiver Of Liability And Disclaimer

**Please Read Carefully. Release Must Be Signed.**

Player's Name: \_\_\_\_\_

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Flint Hill Ministries and the Upward Baseball League are primarily administered by parents who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Flint Hill Ministries and the Upward Baseball League, its employees, volunteers, and other representatives, including any physical injury due to negligence of any official, umpire, volunteer or coach while performing his/her duties during any practice or games.

\*Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries, or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? \_\_\_\_\_

If yes, please state conditions \_\_\_\_\_  
\_\_\_\_\_

If you wish to have your family doctor contacted in case of emergency (authorized to act on my behalf):

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_