

PHBSA FALL CLASSIC PLAYER WAIVER FORM



Each player on a team's roster must fill out one of these forms.

PLAYER INFORMATION (Please print clearly)

Player Name: _____ Date: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ E-Mail: _____
T-Shirt Size: YS YM YL AS AM AL AXL AXXL

TEAM INFORMATION

Manager Name: _____ Team Name: _____

PARENT INFORMATION

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____
OR
Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission I grant, by my signature on this form, I/we shall release, waive, discharge and covenant not to sue PHBSA, their volunteers, agents and employees. I/we hold them harmless from all liability for any and all loss or damage and any claim or demands therefore on account of injury or property or resulting in the death of the named participant, whether caused by the negligence of PHBSA, it's volunteers, agents and employees or otherwise, while the named participant participates in any facet of the baseball program. I/we further agree to indemnify PHBSA, their volunteers, agents and employees from all liability, loss or damage including but not solely to bodily injury, illness, death or property damage which PHBSA, their volunteers, agents and employees become legally obligated to pay including reasonable attorney fees and costs, as a result of claims, demands, costs or judgements against injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of PHBSA, their volunteers, agents and employees and whether or not liability is sole, joint or several. I/we the parent/legal guardian, by my signature below, have read this release and understand each and all of its items and conditions. I/we execute it voluntarily and with the full knowledge of its significance. I/we have executed this release on the date indicated next to my/our names, and understand this agreements full force and effect throughout this entire calendar year.

Parent/Guardian Signature: _____ Date: _____
OR
Parent/Guardian Signature: _____ Date: _____