

PROGRAM WAIVER AND RELEASE OF ALL CLAIMS & INSURANCE LIABILITY WAIVER

ACTIVITY – CRYSTAL LAKE BABE RUTH BASEBALL LEAGUE, INC.

2017 FALL SEASON

Player Name: _____

Program: 2017 Player's Choice Academy Fall Wood Bat League

Read this form carefully and be aware that by signing and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided) I the parent/guardian of the above named child, who is a candidate for a position on a Babe Ruth baseball team, hereby give my permission to his/her participation in any and all of the activities of the Babe Ruth League during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify, and hold harmless the Crystal Lake Babe Ruth Baseball League, Inc., Babe Ruth Baseball Inc., School District 155, School District 47, McHenry County College, the Crystal Lake Park District, and the organizers, sponsors, supervisors, officers, agents, servants, or employees appointed by them. In case of injury to my child, I hereby waive all claims against the organizers, sponsors, or any of the supervisors, officers, agents, servants, or employees appointed by them. I likewise release from responsibility any person transporting my child to and from the activities. I will furnish a certified birth certificate of the above named candidate upon request of League officials. I certify that the above information is correct to the best of my knowledge and I am aware that any deliberately falsified information would disqualify the above named candidate from participation in the League. I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Crystal Lake Babe Ruth League, Inc. & the Crystal Lake Park District, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the Crystal Lake Babe Ruth League, Inc. & the Crystal Lake Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.

I further grant the Released Parties the right to photograph, and/or videotape me or my said child and further to display and/or use my said child's name, likeness, and appearance, in all media and in all forms including photographs and digitized images, whether for advertising, publicity, or promotional purposes.

I have carefully read the insurance liability waiver and understand that my signature is required below in order to participate in Crystal Lake Babe Ruth Baseball League, Inc. and Crystal Lake Park District programs.

IF REGISTERING VIA FAX, YOUR FACSIMILE SIGNATURE SHALL SUBSTITUTE FOR AND HAVE THE SAME LEGAL EFFECT AS AN ORIGINAL FORM SIGNATURE.

Print Parent Name: _____ Relationship: _____

Parent (Legal Guardian) Signature

Date