

The Spot Sport – 2011 Official Roster and Medical Waiver Form

www.thespotsport.com

Team Name _____

Age Division _____ **12u Division**

(Required)

Tournament Date

July 23 & 24, 2011

	Player Name (Print)	Jersey Number	Birth Date/Age	Parent/Guardian Name (Print)	Parent/Guardian (Signature)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Medical Waiver and Release of Liability. (This form must be signed by the parent/guardian of each player before player is eligible to participate in this event/activity/tournament.) I/We, the parent(s)/guardian(s) of the above named participant/player hereby give my/our approval to participate in any and all The Spot Sport LLC or The Spot Camps LLC hosted/sponsored event and activities, including transportation to and from the event/activities. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless The Spot Sport LLC or The Spot Camps LLC, the organizers, the sponsors, supervisors, participants, volunteers, employees, and any persons transporting my/our child to and from activities/events from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I hereby release and hold harmless from any and all liability or claims for damage or injury to person or property of the named child above arising from or due to participation in said activity/tournament/event of any act or omission caused by The Spot Sport LLC or The Spot Camps LLC, the organizers, supervisors, employees, officials, participants or conditions of the property. I/We, the above signed, hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of an emergency for the above child/participant participating in The Spot Sport LLC hosted/sponsored event/activity/tournament. I/We, the above signed, in consideration of the players/child's/participants participation in The Spot Sport LLC sponsored/hosted event/activity/tournament intending to be legally bound, do hereby ourselves, executors, and administrators waive, release, and forever discharge any and all right and claims for damages, including any claims for loss, damages or injury to our persons or property arising out of the above player's performance or failure of performance from The Spot Sport LLC & The Spot Camps LLC, their agents, representatives, successors, and assigns. I/We agree that The Spot Sport LLC & The Spot Camps LLC, its members, officials, employees, staff, officers, the City of Seattle, the City of Renton, King County Parks, Seattle Parks & Recreation shall not be liable for any injury or loss to person or property which my child may sustain while participating in activities/events/tournaments of any kind, whether sponsored/hosted by or under the supervision of The Spot Sport LLC or The Spot Camps LLC. I/We, and my heirs, in consideration of participation in The Spot Sport LLC activities/events/tournaments at Petrovitsky Park in Renton, WA hereby release The Spot Sport LLC & The Spot Camps LLC, its officers, employees, agents, and representatives, and any other people officially connected with this event/activity, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event/activity/tournament. Specifically, I release said persons from any liability or responsibility of the participant's physical condition, for the condition or selection of course route and for the presence or actions of any other participants (including, fans, coaches, players, spectators). I am aware of the risks of participation, which include but are not limited to the possibility of sprained muscles and ligaments, broken bones, and fatigue. I hereby state that I, as well as the participant/player, am in sufficient physical condition to accept a rigorous level of physical activity and competition. I understand that participation in this event/activity/tournament is completely voluntary and I freely chose to participate as well as allow the above player/participant/child to participate. I understand that neither The Spot Sport LLC nor The Spot Camps LLC does not provide medical coverage for me or any participant or spectator. I verify that I will be responsible for any medical costs that I incur or any medical costs that are incurred on behalf of the player/participant that I am signing for as a result of participation.

As Coach/Team Manager/Respresentative of the (Team Name) _____ I certify that the information above/within is correct to the best of my knowledge. I understand that the team that I represent is responsible for proof of insurance coverage. I also acknowledge & agree to The Spot Sport no refund policy.

Manager Name (Print)

Date

Manager Signature (Required)