

**Official Team Roster and Medical Waiver Form**

Team Name: \_\_\_\_\_ Division: **Baseball**  
 Age Group: \_\_\_\_\_  
 Tournament Date: \_\_\_\_\_

	Player Name - Print	Age	Birth Date	Parent/Guardian Name	Parent/Guardian Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

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 tournament) I, the above signed, hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of an emergency for the above player participating in The Spot Sport Summer Days Series of 2010 Tournament play. I, the above signed, in consideration of the players participation in The Spot Sport Summer Days Series of 2010, 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, their agents, representatives, successors, and assigns. I, and my heirs, in consideration of participation in The Spot Sport Summer Days Series at Petrovitsky Park in Renton, WA hereby release The Spot Sport, its officers, employees, agents, and representatives, and any other people officially connected with this event, 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. 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. 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. I understand that participation in this event is completely voluntary and I freely chose to participate as well as allow the above player/participant to participate. I understand that The Spot Sport 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/Representative, of the (Team Name) \_\_\_\_\_ I certify that the information within is correct to the best of my knowledge. I understand that the team I represent is responsible for proof of insurance coverage.

\_\_\_\_\_  
 Representative Name (PRINT)

\_\_\_\_\_  
 Representative Signature

\_\_\_\_\_  
 \*\* Date (REQUIRED)