## QA SOFTBALL – SPRING 2020 REGISTRATION & WAIVER/RELEASE OF LIABILITY/MEDICAL RELEASE

NAME OF PAI	RTICIPANT:	DATE OF BIRTH:			
ADDRESS:			CITY, ST, ZIP:		
TELEPHONE: ()_		EMAIL:			
"T-Ball" (PK-K)	"Rookie" (1st & 2nd gr)	"Minor" (3 <sup>rd</sup> & 4 <sup>th</sup> gr)	"Major" (5 <sup>th</sup> & 6 <sup>th</sup> gr)	"Senior" (7th, 8th & 9th gr)	
agrees that: 1. The risk of injury fror	ng allowed to participate in a	he event is significant, includ	-	nowledges, appreciates, and ent paralysis and death, and	
2. I KNOWINGLY AND	FREELY ASSUME ALL SU	•	d unknown, EVEN IF ARISIN	IG FROM THE NEGLIGENCE	
	ig my presence or participat		ns for participation. If however down the control of the control o	er I observe any unusual and bring such to the attention c	
QA SOFTBALL, their o advertisers, and if appl	fficers, officials, volunteers, icable, owners and lessors ITY, DEATH, or loss or dan	agents and/or employees, of premises used to conduct	other participants, sponsoring the event ("Releasees"), Wi	EASE AND HOLD HARMLESS g agencies, sponsors, TH RESPECT TO ANY AND THE NEGLIGENCE OF THE	
permission to managin hospital, or medical clir	g personnel or other Leagu	e representative to authorize ne ill or is injured while partio	and obtain medical care fro	BALL activities. I hereby grant m any licensed physician, when neither parent or guardiar	
my dependent and use publication processes,	the photo and or other digi	tal reproduction of her or oth gital or electronic publishing	er reproduction of her physic	raphers the right to photograph cal likeness for fundraising and t wish for your child's image to	
	I HAVE GIVEN UP SUBSTA		AGREEMENT, FULLY UNDE NG IT, AND SIGN IT FREEL'		
consent and agree to hagree to indemnify the	er release as provided abo	ve all the Releasees, and, for I liabilities incident to my mir	or myself, my heirs, assigns a	oonsibility for this participant, do and next of kin, I release and ticipation in these programs as	
	parent or legal guardian ag articipant must sign below.	rees to the above statement	s and verifies that the date o	f birth is correct. Parent or lega	
MY CHILD IS WELL A	ND ABLE TO PLAY THIS	SPORT. I WILL ADVISE TH	E COACH OF ANY CHANG	ES IN HEALTH STATUS.	
PARENT/GUARDIAN SIG	NATURE:				
		DATE			
PRINTED NAME OF PAR	ENT/GUARDIAN:				