



MEDICAL WAIVER

Player's Name: _____ Age: _____

Consent for Medical Treatment (Minor)

As a parent or legal guardian of the player named above, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian _____ Date _____

If unable to sign - typed name

Consent for Release to Coach (Minor) **The typing of my name is my acknowledgment and intended to represent my signature.

As a parent or legal guardian of the player named above, I hereby give my consent for emergency personnel to release my child to the care of his/her coach/coaches or team rep if her condition is such that transportation to a medical care facility is not necessary or if his/her condition is such that transportation to a medical care facility via ambulance is not necessary to preserve the life, limb or well-being of my dependent.

Authorized Coaches and Team Rep include: _____

Signature of Parent or Guardian _____ Date _____

If unable to sign - typed name

Liability Waiver

**The typing of my name is my acknowledgment and intended to represent my signature.

The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk does exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, any person involved with The Organization with respect to any and all injury, disability, death, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I take full responsibility for costs incurred during any medical treatment necessary for my dependent while in the care of The Team Coaches and/or team rep.

Signature of Parent or Guardian _____ Date _____

If unable to sign - typed name

**The typing of my name is my acknowledgment and intended to represent my signature.



**GREELEY GRAYS YOUTH BASEBALL ADULT WAIVER/RELEASE
AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in Greeley Grays Youth Baseball athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Greeley Grays Youth Baseball their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participants Name: _____

(Participants Signature)

(Date signed)

****The typing of my name is my acknowledgment and intended to represent my signature.**

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

(Participants Parent/Guardian Signature)

(Date signed)

****The typing of my name is my acknowledgment and intended to represent my signature.**