

**ELK GROVE CAL RIPKEN BASEBALL LEAGUE
RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

For good and valuable consideration, including but not limited to, permission for:

(Player's Name) _____ (the "minor")

(Date of Birth) _____

To participate in the EGCR Baseball Program and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor.

1. Consent to the minor's participation in the event or activity;
2. Agree that prior to the minor's participation in the event or activity the minor and I will inspect the facilities, equipment, and area where the event or activity is being conducted and, if either of us believes any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
3. Acknowledge that the minor and I fully understand that the minor's participation may involve risk of serious injury or death, including economic losses, which may result not only from the minor's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
4. Release, waive, discharge and relinquish EGCR Baseball League, and their officers, employees, and agents to the furthest extent allowed by law, from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise;
5. Assume any and all risks of personal injuries to the minor and authorize EGCR Baseball League to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damage to the minor's or my property, caused by or arising from the minor's participation in the event or activity. If treatment is necessary for the minor, it is preferred treatment be provided at:

| | | | |
|-------------------|-------|---------------------|-------|
| Hospital | _____ | Emergency Contact | _____ |
| Primary Physician | _____ | Physician's Phone | _____ |
| Insurance Carrier | _____ | Insurance or Card # | _____ |

6. If any such treatment is rendered, regardless of by whom, I further agree to release, waive and hold harmless EGCR Baseball League in connection with and/or as a result of the same.
7. Agree that photographs, pictures, slides, movies or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from EGCR Baseball League and consent to the use of photographs, pictures, slides, movies or videos for any legal purpose.
8. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity.

BOTH PARENTS MUST SIGN UNLESS ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY. LEGALLY APPOINTED GUARDIANS MUST SIGN ALSO.

| | | |
|--------------------------------|-----------------------------|-------|
| Parents/Guardian Printed Names | Parents/Guardian Signatures | Date |
| _____ | _____ | _____ |

| | | |
|----------------------|-------------------|-------|
| Coach's Printed Name | Coach's Signature | Date |
| _____ | _____ | _____ |

Emergency Information Card

Athlete's name _____ Age _____

Address _____

Phone _____ S.S. # _____

Sport _____

List two persons to contact in case of emergency:

Parent or guardian's name _____

Address _____

Home phone _____ Work phone _____

Second person's name _____

Address _____

Home phone _____ Work phone _____

Relationship to athlete _____

Insurance co. _____ Policy # _____

Physician's name _____ Phone _____

IMPORTANT

Is your child allergic to any drugs? _____ If so, what? _____

Does your child have any other allergies? (e.g., bee stings, dust) _____

Does your child suffer from _____ asthma, _____ diabetes, or _____ epilepsy?

Is your child on any medication? _____ If so, what? _____

Does your child wear contacts? _____

Is there anything else we should know about your child's health or physical condition? If yes, please explain.

Consent to Treat: "I hereby give the head coach or any member of the coaching staff my permission to obtain emergency medical treatment for the above named athlete."

Signature

Date