

WASCO BASEBALL INFORMED
CONSENT, RELEASE AND AUTHORIZATION

Please read this document carefully and be aware that by registering your child/ward for participation in Wasco Baseball, you are waiving and releasing all claims you or your child/ward incurs for injuries, personal injuries and other losses relating to or in any way arising out of participation in all programs associated with Wasco Baseball.

I recognize and acknowledge that there are certain risks of physical injury to participants in the programs. I further recognize and acknowledge that the events all occur in a public place.

I agree, authorize and consent that Wasco Baseball may (1) use images, proofs or pictures of participants, including my child/ward on its websites, in advertisements and in other documents; (2) alter the images, proofs or pictures in any way; and (3) may use the images, proofs or pictures as it sees fit. I agree to assume the full risk of any injuries, personal injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or in any way associated with any program by Wasco Baseball.

In addition to full assumption of risks, I further waive and relinquish all claims I or my child/ward may have against Wasco Baseball and its Directors, Officers, Agents, Servants, Employees, Volunteers, Sponsor Groups and the entities providing fields to Wasco Baseball. I fully release and discharge Wasco Baseball and its Directors, Officers, Agents, Servants, Employees, Volunteers, Sponsor Groups and the entities providing fields to Wasco Baseball. I further agree to indemnify them from any and all claims arising from injuries, personal injuries, damage or loss, expressly including attorneys fees, which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in the programs. I have reviewed the program details and understand the risks associated with such. I understand the program may change. I understand that it is my responsibility to review the program details periodically and these details are available on the league website.

I understand that my registration in the league is fully conditioned upon agreement to the terms of this release and affirm I have signed this Consent, Release and Authorization during the registration process.

Additionally, I understand that my own health and accident insurance are my financial protection in the event of injury to myself or my baseball playing child/ward. Any insurance provided by the league would be secondary to any policy held by me.

Furthermore, as a parent and/or legal guardian, I authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is my understanding that Wasco Baseball will make every reasonable effort to notify me in the event an injury occurs. I will inform the league commissioner and league president, in writing in the comments section during the registration

process, or otherwise, in the event a medical condition is present in my child/ward that would require special attention.

I also recognize that I, my child or ward will be required to complete a similar release form to be provided to the team manager that will accompany the player to program events conducted by third parties.

I understand, state and agree (1) that my completion of the registration for Wasco Baseball and the website's on-line consent/release is the same as physically signing this document; (2) that I have read a physical copy of this typed consent and/or the consent on the website fully; (3) that I am free to have an attorney review it and that I have done so or decided not to have an attorney review it; and (4) I fully agree that by completing the registration process, or clicking the boxes on the website or physically executing this document, I am bound by this Authorization, Consent and Release. I affirm that I have legal authority to execute this Consent, Release and Authorization on behalf of the registered participant(s).

This is the entire agreement between the parties. I agree that handwritten comments or writing on it are of no effect and do not amend this consent/release, including without limitation, comments in the registration section on the website.

This consent/release shall be subject to Illinois law. The 16th Judicial Circuit, Kane County Illinois shall have exclusive venue and jurisdiction to enforce it and any disputes in any way related to or arising out of it. Venue and Jurisdiction in any other court is expressly waived by the parties.

Signed / Date