

WAIVER AND CONSENT FORM

Please be aware that registering your son or daughter or ward for participation in any Batavia Youth Baseball (BYB) program has inherent risks to which you will be waiving and releasing all claims for injuries to you or your child/ward arising from participation in the BYB program.

My child/ward has my permission to participate in the BYB program.

I recognize and acknowledge that there are certain inherent risks of physical injury to participants in the program. I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activity associated with BYB. I waive and relinquish all claims I or my child/ward may have against BYB, its directors, officers, agents, and volunteers as a result of participating in this program. I hereby fully release and discharge BYB, its directors, officers, agents, volunteers, sponsors, and entities providing practice and/or game space to BYB from any and all claims from injury, damages or losses which I or my child/ward may have or may accrue from participation in the program. This waiver includes injuries which may be incurred during transportation to and from BYB events and participation in post season play, tournaments and training sessions. I further agree to indemnify and hold harmless and defend BYB and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward arising from or connected with any associated activity of the program. I have read and fully understand the program details, waivers, and release of all claims. I understand that **my own health and accident insurance are my financial protection** in the event of injury to me or my child/ward.

As a parent and/or legal guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above mentioned minor in the event of a medical emergency which in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort is made to contact me.

I authorize and consent to BYB publishing and copyrighting any photograph or video in which my child appears while participating in BYB. Photographs(s) and video may be used for any BYB purpose, including but not limited to, brochures, newsletters, or the BYB website, and may include the name of my child.

Player Name

Parent / Guardian Name (please print)

Parent / Guardian Signature