



Scottsdale Cal Ripken Risk Acknowledgement and Liability Waiver For Players Playing Up To The Next Age Group

Name of Participant (print) _____ **Birthdate:** _____

I hereby acknowledge that I have petitioned, in writing, the Board of Directors of Scottsdale Cal Ripken (SCR) to permit my child to participate at an age level that is one year in age above Scottsdale Cal Ripken's recommended guidelines.

I understand that SCR recommends that players stay in the age groupings defined by the league as appropriate for their birth year.

I understand and appreciate that the risk of injury may be greater and that the risk of injury is significant, including the potential for permanent paralysis and death, and while particular rules, and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child's participation, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I agree to indemnify and hold Scottsdale Cal Ripken and it's officers, harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as a result of my request.

I understand and agree to respect all the conditions of participation in Scottsdale Cal Ripken baseball.

Parent Name (print): _____ **Date:** _____

Parent Signature: _____

Coaches Acknowledgement:

As coach for the above stated player, I acknowledge and accept all risks associated with the player's choice to play in a division above his appropriate age grouping. I understand that if, at anytime during the season, I determine the player to be unable to play at the higher level, it is my responsibility to notify the League and recommend appropriate action.

Coach Name (print): _____ **Date:** _____

Coach Signature: _____