



# Glencoe Youth Baseball Waiver of Participation

I am the parent/guardian of the below named player (my child). I hereby consent to my child's participation in Glencoe Youth Baseball program. I represent that my child is qualified, in good health and in proper physical condition to participate in such activity.

I hereby release, forever discharge, covenant not to sue, and agree to save and hold harmless Glencoe Youth Baseball from all liability, claims, demands, losses or damages on my player's account, caused by, or alleged to be caused by, in whole or in part, the action, inaction and/or negligence of Glencoe Youth Baseball, and further agree, that if my Player or anyone acting on behalf of my Player makes a claim against Glencoe Youth Baseball that I will indemnify, save and hold harmless Glencoe Youth Baseball from any litigation expense, attorney's fees, loss, liability, damages or cost incurred as a result of such claim.

In the event my player is injured while participating in the Glencoe Youth Baseball program, and I am not available to take responsibility for treatment, I authorize Glencoe Youth Baseball representative to consent to any medical or dental treatment recommended by an appropriate medical or dental professional and I agree to pay for any costs or expenses of treatment rendered pursuant to this authorization.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Player Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Grade in School \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_