# Elmbrook Baseball Association

## Waiver of Liability

Team Name: _____ Date: _____

Coaches Name: _____ Phone: _____

This is to certify that I, as parent or legal guardian of a player on the _____ Baseball Team, do hereby grant permission to the adult manager, coach and business manager of the team to obtain medical care from any physician, hospital, or medical clinic, for any named player listed herein at such time as either parent or legal guardian cannot be contacted in person. This authorization shall include all team activities, games and travel to and from those activities and we do hereby waive, release, absolve, indemnify, and agree to hold harmless Elmbrook Baseball Association; the organizers, supervisors, officials, game fields, participants, and persons transporting to and from those activities, for and claim arising out of any injury to the players listed.

**ALL PLAYERS MUST BE LISTED WITH PROPER SIGNATURES AND DATE SIGNED.**

| Player's Name | Date of Birth | Parent/Legal Guardian Signature | Phone # | Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

The signatures above indicate that the waiver has been read, the contents are understood, and was signed freely and voluntarily.

***** This form needs to be submitted no later then June 15, 2009 to:**
**Elmbrook Baseball Association,** Dave DuChateau, 18440 Surrey Lane Brookfield, WI 53045