

Parental Waiver, Release of Liability, Indemnification Agreement

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate as a member of the baseball event indicated below.

I acknowledge, agree and understand that:

1. There are certain risks of damages and injuries, including death, inherent in the practice and play of baseball, as well as in traveling in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. These risks include but are not limited to those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.
2. Sliding into base is dangerous to my child and other players and may result in serious injury or death.
3. The very nature of the game of baseball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to my child and to other players.

Further, I agree that in consideration for the right to allow my child to participate as a member event designated below and in consideration for permission to play on the fields arranged by the Pharos-Tribune of Logansport, Indiana and Kokomo Tribune, Kokomo, Indiana:

1. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as team member or observer during practice or play by other teams or by other player on my child's team, and (c) while on or upon the premises of any and all of the fields arranged for team or league for practice or play.
2. In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge and agree not to sue the team designated below, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, or field for any claim, damages, costs, or cause of action which I have or may have in the future as a result of injuries or damages, sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to coaches and officials of the team and league.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs, including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or part by any of the persons or entities hereby released.

All-Star Clinic
Name of Event

Pharos-Tribune, Kokomo Tribune & Indiana Media Group
Entities Being Released from Liability

I ACKNOWLEDGE THAT I HAVE READ AND THAT UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

NAME OF CHILD (Print)

ADDRESS

NAME OF PARENT

SIGNATURE OF PARENT

DATE