

## **Saukville Youth Baseball Waiver, Release and Indemnification Agreement**

I wish to participate in any and all activities to be made available to participants at Saukville Youth Baseball League including such activities as baseball practices, scrimmages, games and/or other activities that may be hazardous or otherwise involve a risk of physical injury to participants (the "Activities").

I assume any and all risks of injury arising from or relating to the Activities and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against SYB, its committee at large, coaches, volunteers, sponsors, or representatives of any kind arising from or relating in any way to my voluntary participation in the Activities.

I understand that this Waiver, Release and Indemnification Agreement means, among other things, that if I am injured as a result of my participation in any of the Activities, I and/or my family or heirs cannot under any circumstances sue SYB or any of its representatives for damages relating to or caused by my injuries. I agree to indemnify Saukville Youth Baseball League and its representatives, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any of the Activities. I understand and agree that I will not be permitted to participate in any of the Activities unless I execute this Waiver, Release and Indemnification Agreement.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to my questions I had concerning its meaning, and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

I am the parent or legal guardian and I have read and understood this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms. I further grant permission to representative of SYB, or other league representatives, to authorize and obtain medical care including transportation from any licensed physician, hospital or medical clinic should the child become ill or injured while participating in Activities away from home, or at times when neither parent (nor guardian) is available to grant authorization for emergency treatment.