

PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that by registering for and participating in this program, or by registering your minor child/ward for participation in this program, you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program and you will be required to indemnify, hold harmless and defend the Lake Forest Baseball Association and its Officers and Directors for any claims arising out of participation in said program.

RISK OF INJURY:

As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program.

WAIVER OF INJURY CLAIMS:

I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program.

RELEASE FROM LIABILITY:

I do hereby fully release and discharge the Lake Forest Baseball Association and its officers, directors, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program.

INDEMNITY AND DEFENSE:

I further agree to indemnify, hold harmless and defend the Lake Forest Baseball Association and its officers, directors, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

WAIVER FOR EMERGENCY MEDICAL TREATMENT:

In the event of any emergency, I authorize the Lake Forest Baseball Association to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. My medical insurance information is as follows:

CARRIER: _____

POLICY NUMBER: _____

MEDICAL INSURANCE COMPANY ADDRESS: _____

MEDICAL INSURANCE EMERGENCY COMPANY TELEPHONE NUMBER: _____

EMERGENCY CONTACT (OTHER THAN PARENTS): _____

EMERGENCY CONTACT PHONE: _____ **RELATIONSHIP:** _____

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

Please return (with registration fee) to :
Lake Forest Baseball Association
825 S. Waukegan Road
PMB 155