

TO PARENT OR GUARDIAN:

PLAYER

You are required to sign the following WAIVER and RELEASE in order for your son/daughter to play in the **ROOSEVELT AURORA AMERICAN LEGION BASEBALL LEAGUE FOR 2023.**

This registration form must be completed and delivered to league president (Kevin Holmes) by April 1, 2023 with fee of \$150. After April 1, 2023 the fee is \$175.00

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child might sustain as a result of participating in any and all activities connected with and associated with this program.

I recognize and acknowledge that there are certain risks of physical injuries participants in this program. And I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child or I may sustain as a result of participating in any and all activities connected with or associated with this program. I further agree to waive and relinquish all claims of my minor child may have (or accrue to me or my child) as a result of participating in this program/activity against the Fox Valley Park District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Fox Valley Park District from any and all claims for injuries, damages or loss that my minor child or I may have or which may accrue to me or my minor and arising out of, connected with, or in way associated with this program.

Roosevelt Aurora American Legion Baseball League Registration

(PLEASE PRINT)

Name of Player _____

Birth Date _____

Address _____

Phone No. _____

City & State _____

Team _____

Name of Parent or Guardian _____

Name of medical insurance carrier of Parent or Guardian _____

Date _____

RETURNING PLAYER

NOTE: No player is eligible to be drafted or play Legion Ball until this form is completed and the registration fee is received. (Make check payable to "Roosevelt Aurora American Legion Baseball League")

2023 Roosevelt Aurora American Legion Baseball

In consideration of being allowed to participate in any way in the Roosevelt Aurora American Legion Baseball League baseball program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1. The risk of injury and or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;**
- 2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminated the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;**
- 3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releasees or others, and assume all full responsibility for my participation;**
- 4. I willingly agree to comply with the stated customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and**
- 5. I, for myself and on behalf of my heirs, assigns, personal representatives and, next of kin. HEREBY RELEASE AND HOLD HARMLESS THE ROOSEVELT AURORA AMERICAN LEGION BASEBALL LEAGUE, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**
- 6. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE SIGNING BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT ASSOCIATED WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT**

ACKNOWLEDGEMENT BY ADULT PARTICIPANT: By acknowledging and signing below, I agree and verify the following:

- 1) I consent and agree to assume the risk of participation in these programs; and 2) that I specifically agree to the release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my involvement or participation in these programs even if arising from the negligence of the releasees or otherwise.**

ACKNOWLEDGMENT BY PARENTS AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS: By acknowledging and signing below, I agree to and verify the following:

- 1) I am the parent or legal guardian for the youth participant associated with this guardian account,
- 2) that the date of birth of the youth participant associated with this guardian account is correct,
- 3) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risks of his/her participation in these programs; and
- 4) that I specifically agree to his/her release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to this youth participant's involvement or participation in these programs as provided above even if arising from the negligence of the releasees or otherwise.

Parent of Guardian (Please Print)

Signature of Parent or Guardian

Date (Fecha)

Phone No. _____
(Parent's Phone Number)

PLEASE RETURN REGISTRATION & WAIVER TO:

KEVIN HOLMES

kevinholmes0406@comcast.net

(630) 373-6085