Pond Athletic Association

2019 7-Up Baseball Tournament Registration Waiver

PLEASE READ BEFORE SIGNING

LIABILTY WAIVER 1) Agree that prior to participating, they will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition and refuse to participate. 2) Acknowledge and fully understand that each participant will be participating in activities that involve risk of injury, disability or even death, as well as severe social and economic losses which might result not only from their actions, inactions or negligence but from the actions, inactions or negligence of others.. 3) Assume all the foregoing risks and accept personal responsibility for any damages following any such injury, disability or death. 4) Release, waive, discharge and covenant not to sue Pond Athletic Association, their administrators, directors, agents, coaches or other employees.

TEAM NAME: ________________________ AGE: _______ PHONE: ____________________

COACH: ____________________________ E-MAIL: __________________________________

I/We have read the above waiver and release, and understand that I/we give up substantial rights by signing it, and hereby sign it voluntarily.

PLAYER	DOB	ADDRESS	PARENT SIGNATURE
VALID 1/1/19-12/31/19			