## Baseball Team Roster & Liability/Medical Release Form



Team Name:	Age Group:	
Manager's Name (Print):	Phone:	
Email:	Cell (Text):	
Signature:	Date:	

In consideration of being permitted to participate in Idaho Club Baseball, I hereby agree for myself, my child or myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, here and forever release, waive, discharge, and covenant not to sue Idaho Club Baseball, Park & Recreation Department, Complex, individual hosting an Idaho Club Baseball Tournament, League or Event along with any of these board members, employees, officers, directors, umpires, coaches and participants from all claims, actions, or judgments I may have against Idaho Club Baseball or anyone affiliated with any Idaho Club Baseball event for all personal injuries including death and injuries to property, real or personal, caused by or arising out of my participation in Idaho Club Baseball, either League or Tournaments, or Sanctioned Events. This agreement includes the known risks associated with this activity with regards to all communicable disease, including but not limited to COVID-19, whether caused by the negligence of the Released parties and/or any third-party involved. I further agree for myself, successors, heirs and assigns to indemnify and hold Idaho Club Baseball harmless from all claims and suits. I further agree that live or replay video, pictures, photographs, slides, films or movies of myself taken while playing in an Idaho Club Baseball sanctioned event can be used free of charge by Idaho Club Baseball for reproduction or advertising purposes. This also applies to the use of my name. I have read and understand the foregoing release pertaining to both personal bodily injury to myself, and the use of my name by Idaho Club Baseball for advertising or publicity purposes. I also understand this release pertains not only to this league or tournament, but to all Idaho Club Baseball sanctioned play for the entire calendar year. A photographic copy of this roster will be as valid as the original. I am the manager of the above team and guarantee all of the information is corr

Player's Name (Print/Type)	Address, City, State & Zip	D.O.B	Parent / Guardian Signature