



STARK COUNTY TERRIERS BASEBALL CLUB
TRYOUT WAIVER FORM

I, the undersigned, acknowledge my participation in practice and activities associated with the Stark County Terriers during a team try-out is voluntary. I hereby acknowledge that participation in any athletic activities involves an inherent risk of physical injury.

The undersigned does hereby release and forever discharge the Stark County Terriers, its members officially and individually, and its officers, agents, and employees of any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from any injuries, damage to property, and the consequences thereof, including death, resulting from my participation in any way connected with such athletic activities.

In the event that I sustain injury or illness while participating in any of the above mentioned athletic activities sponsored by the Stark County Terriers, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by medical personnel. I also give permission for attending medical personnel to execute on my behalf, my permission forms, or other necessary medical documents and to act on my behalf if I am not immediately available to do so.

I verify that I have no physical disabilities, impairments or chemical dependencies that inhibit my participation in sport activities. I do not know of any medical reason why I should not participate in a try-out for my sport.

I fully understand all of the above. I accept and assume all risk involved in any such activities in which I participate as either part of a voluntary or involuntary athletic activity. I assume all medical expense responsibility for any injuries sustained in either voluntary or involuntary athletic activity.

Participant Signature

Date

Participant Printed Name

Date of Birth

Parent/Guardian Signature (if a minor)

Date

Emergency Contact Name

Emergency Contact Phone Number