**RELEASE OF LIABILITY AGREEMENT**

**READ BEFORE AGREEING TO THE WAIVER OF LIABILITY**

In consideration of being allowed to participate in HCYP Baseball Tournaments and related events and activities, each of the undersigned parents or guardians acknowledges and agrees that:

1. The risk of injury from the activities relating to the tournament is significant, including the potential for permanent paralysis and death, and while rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the released parties or others, and assume full responsibility for participation by my child in this event.
3. I willingly agree to comply with the stated and customary terms and conditions for participation; however, if I observe any unusual significant hazard during the event, I will bring such hazard to the attention of the nearest tournament official immediately.
4. I, for myself, my child and on behalf of my and my child’s heirs, assigns, personal representatives and next of kin, hereby release, hold harmless and agree to defend HCYP, Inc., its officers, directors, employees, agents and representatives, as well as other participants in the event (the “Released Parties”), from and against any loss, liability, claim, damage or expense arising out of my child’s participation in the event, including any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the Released Parties or otherwise.
5. I have read this Waiver and Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

I hereby approve of my child’s participation in HCYP Baseball Tournaments and related events and activities, and certify that he or she is in good health and able to participate without restriction in the event. I authorize any tournament official or a representative of HCYP, Inc. to act for me according to his or her best judgment in the event of any emergency requiring medical attention involving my child.

**AGREEMENT TO WAIVER AND RELEASE OF LIABILITY**

By agreeing below, each parent or guardian (or player if over 18):

* Confirms that he or she has read the Waiver and Release of Liability on the prior page.
* Acknowledges and agrees to the terms of the Waiver and Release of Liability.
* Verifies that the date of birth of his or her child submitted is correct.

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| Player Name | Number | Birthdate | Parent Name | Parent Signature | Date |
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By signing below, the team manager acknowledges that no player will participate without the above waiver

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_