



Medical Waiver and Liability

Accident Insurance:

I waive and release Washington Baseball Instruction from all liability from any injury or sickness while participating at Washington Baseball Instruction. I hereby give my permission for emergency medical treatment in the event I cannot be reached. I will provide proof of insurance coverage for any injury or sickness while participating at Washington Baseball Instruction.

Release of Liability:

I authorize Washington Baseball Instruction to act for me in an emergency requiring medical attention. I understand that I am responsible for all hospital, laboratory, dental, and medical fees. I further understand that Washington Baseball Instruction will not be held responsible for any accidents or illnesses. I represent that my child is physically able to participate and I further acknowledge that there are certain risks of injury inherent in the participation of any sport and that such an injury may occur. I hereby release and discharge Washington Baseball Instruction from any and all liability, claims, demands, and causes of action of any sort arising from any injury sustained by my child consequent of his participation at Washington Baseball Instruction.

By signing this form I hereby acknowledge I have read the above liabilities and accept the terms and conditions as outlined under Accident Insurance and Release of Liability.

Player Name _____ Home Phone _____

Parent/ Guardian's Name _____

E-Mail Address _____

Father's Work Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Mother's Cell Phone _____

Insurance Company _____ Policy Number _____

Two people you recommend we call in the event you can't be reached:

1. _____ Phone _____

2. _____ Phone _____

Parent/ Guardian Signature _____ Date _____