

RELEASE AND WAIVER OF LIABILITY

(PLEASE READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in the South Suburban College/Illiana Thunderbolts 2021 Baseball Program which includes, but not limited to, indoor winter camp, spring season, summer season, fall ball, tryouts, evaluations, and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby waive, release, absolve, indemnify and agree to hold harmless and forever discharge all volunteers, employees, agents and Board of Directors from any and all known liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with South Suburban College Baseball & the Illiana Thunderbolts Travel Baseball organization, including any failure of equipment or defect on the premises.

RELEASE FOR MEDICAL TREATMENT

The staff of the South Suburban College Baseball are Camp & the Illiana Thunderbolts Travel Baseball program must be made aware in writing of any medical problems of any participant.. Application must be completed, signed and returned before activity starts or as soon as possible, and prior to player participation. Since some of our players on our team are under 18 years of age, it is necessary that a doctor have permission to administer treatment in the event of an accident or sudden illness.

PHOTOGRAPHY

Photographs taken at the camp may be used in future years and can possibly be used for providing general information about the program.

ADENDUM TO PLAY WAIVER 202 SEASON

In consideration of being allowed to participate in any way the undersigned acknowledges, appreciates, and agrees that:

- 1.The risk of injury and/or illness from the activities involved in the program is significant.
2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVAD-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with and individual with a communicable disease.
3. I KNOWINGLY AND FREEL ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FOM THE NEGLIGENCE OF THE RELEASEES of others, and assume all full responsibility for my participation.

Player/Participant Name: _____ **Date:** _____

List any conditions that physicians or coaches should be aware of: _____

Phone number for emergencies:

DAY: _____ **NIGHT:** _____

I hereby authorize any medical treatment which may be advised or recommended by the attending physician or (participant's name) while playing for/with the Illiana Thunderbolts in 2021.

I hereby state that I am the legal guardian of _____ **DATE:** _____
(print players/participants name)

PARENT/GUARDIAN NAME (PLEASE PRINT) _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____