



ST. JOE'S PONY BASEBALL

MEDICAL WAIVER & LIABILITY RELEASE

I, as the parent or guardian of (player's name) _____, do hereby give my approval for their participation in any and all PONY BASEBALL organization league activities. I hereby grant my permission to managing personnel or other organization league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in organization league activities away from home, or where neither parent ora legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless ST. JOE'S PONY BASEBALL, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player. I further agree to furnish certified birth documentation for the player, upon request by organization league officials.

Signature of Parent or Legal Guardian: _____

Print Name of Parent or Legal Guardian: _____

Relationship: _____

Date: _____