

2024 League Roster/Waiver Form

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

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death and while particular 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 RELEASEES or others, and assume all responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE SOUTHERN ILLINOIS SELECT BASEBALL LEAGUE, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. PARENTS/GUARDIANS SIGNATURE FOR SHOULD BE ON THE SAME NUMBERED LINE AS PLAYER'S NAME APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements and verifies that the date of birth is correct. Parent or legal guardian of each youth player must sign below.

Team Name: Metro East Expos 10u

Age Division: 10u

Coach Name: Dusty Kattal

Coach Name: John Hawks

Coach Name: Corey Saathoff

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Dylan Kattal	12/11/13	Dusty Kattal	Father	drkattal@yahoo.com
2 Wyatt Smith	5/28/14	Sarah Smith	Mother	smithfam4n2014@gmail.com
3 Emmett Huster	8/18/14	Sarah Huster	Mother	huster_sarah@yahoo.com
4 Jackson Embri	12/19/13	Mike Embri	Father	mcembri@gmail.com
5 Jay Lange	12/9/13	Katie Lange	Mother	katieeschu@yahoo.com
6 Donovan Scott	7/29/13	Vernice Jackson	Grand Mother	jackson55.vj@gmail.com
7 Kade Wetzel	8/25/14	A Wetzel	Mother	shelbylong2012@gmail.com
8 Grayson Richardson	9/10/13	Bill Richardson	Father	brayrich@yahoo.com
9 Kanon Fowler	6/12/13	Kathy Fowler	Mother	kfowler@gssstl.org
10 Graeme Saathoff	2/3/14	Corey Saathoff	Father	saatyc@yahoo.com
11 Will Saathoff	2/3/14	Corey Saathoff	Father	saatyc@yahoo.com
12 Nolan Baack	7/23/14	Jessie Baack	Mom	JKBAACK@yahoo.com
13 Nolan Vosse	11/8/13	Ely Vosse	Mother	ejvosse@gmail.com
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lizjo03@yahoo.com