

## 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: Route 3 Riots

Age Division: 10U

Coach Name: Jon Edler

Coach Name: BILL MEYERS

Coach Name: ADAM VOGT

Coach Name: \_\_\_\_\_

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 CS Stephens	4/7/14	<i>Nat K</i>	Mother	nattyk@htc.net
2 EASTON MEYERS	6/18/13	<i>Bill Meyers</i>	FATHER	BILLMEYERS64@HOTMAIL.COM
3 ADAM EDLER	11/4/13	<i>Edler</i>	FATHER	JEDLER@GMAIL.COM
4 RYAN TURNER	11/20/13	<i>Ryan Turner</i>	Father	divinsal4@gmail.com
5 JAMESON CROW	9-18-13	<i>Kim Crow</i>	Aunt	Sarah.crow@ywm.com
6 GRAY SCHNIDER	12/27/13	<i>Jordan Schneider</i>	MOM	Jordan000012@yahoo.com
7 EVAN MARTIN	4-9-14	<i>Evan Martin</i>	DAD	JAMEMARTIN85@GMAIL.COM
8 BRANDT MUELLER	9-13-13	<i>Brett Mueller</i>	DAD	brett.mueller2@icloud.com
9 WESLEY MEHRMANN	11/26/13	<i>Wesley Mehrmann</i>	Mom	mehrmannfarm@icloud.com
10 ALEX EDWIN	9/9/2013	<i>Alex Edwin</i>	Mom	nicolredwin1@gmail.com
11 COSEA BOND	8/2/2014	<i>Cosea Bond</i>	Dad	ZTB121209@yahoo.com
12 AIDEN NOBBE	9/22/2013	<i>Aiden Nobby</i>	MOM	rnobbec@csics.org
13				
14				
15				
16				
17				
18				
19				
20				