

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: **618 Storm - Mitchell**

Age Division: **11U**

Coach Name: **Tim Mitchell**

Coach Name: **Ben Leonard**

Coach Name: **Scott Simonin**

Coach Name: **Rob Smith**

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Brady Mitchell	12/8/2012		Father	mitchelltv21@gmail.com
2. Cole Agne	11/5/2012		Mother	agne@keeleyconstruction.com
3. Dominick Smith	12/5/2012		Mother	lilbueiz11@gmail.com
4. Ethan Brown	12/17/2012		Molly Brown	mbrown26@wustl.edu
5. Jameson Simonin	10/6/2012		Father	scott.simonin@wellsfargo.com
6. Jayden Boston	7/17/2012		Mother	sbib0117@yahoo.com
7. Miles Williams	10/28/12		Mother	lody180@gmail.com
8. Roman Smith	2/11/2013		Father	robert.r.smith.iii@gmail.com
9. Steele Spargur	5/16/13		Mother	sspargur@delawarenorth.com
10. Tanner Leonard	7/25/2013		FATHER	benny1118@hotmail.com
11. Wesley Collins	8/20/2012		Mother	liss_stump@yahoo.com
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 3. I will freely 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.
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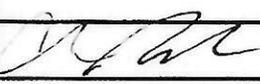
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Coach Name: Tim Mitchell

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3. Dominick Smith	12/5/2012			liibueiz11@gmail.com
4. Ethan Brown	12/19/2012			mbrown26@wustl.edu
5. Jameson Simonin	10/6/2012			scott.simonin@wellsfargo.com
6. Jayden Boston	7/17/2012			sbjb0117@yahoo.com
7. Miles Williams				lodyj80@gmail.com
8. Roman Smith	2/11/2013			robertsmithiii@gmail.com
9. Steele Spargur	7/30/2013			sspargur@delawarenorth.com
10. Tanner Leonard	7/25/2013			benny118@hotmail.com
11. Wesley Collins	8/20/2012			liss_stump@yahoo.com
12. Easton Reaka	8/16/2013		PARENT	kelsie@vpelaw.com
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