

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: Extreme BSC




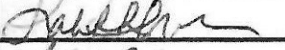

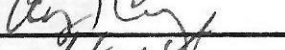
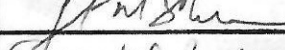




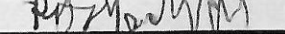
Age Division: 13U

Coach Name: Mark Robinson

Coach Name: Andrew Vollmer

Coach Name: Marcus Carroll

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Jake Robinson	11/1/2010		Father	coachrobinson_33@yahoo.com
2 Ashton Vollmer	8/19/2010		FATHER	avollmer4@hotmail.com
3 Jaxton Carroll	8/19/2011		Father	mcarroll2404@icloud.com
4 Bryson Nugent	6/23/2010		Mother	hnugent42@yahoo.com
5 JT Swip	4/27/2011		Father	bswip@hotmail.com
6 Sam Reynolds	11/25/2010		mother	amds/ph: n780@hotmail!
7 Michael Shaw	6/24/2010		Father	SHAW55@icloud.com
8 Eli Bishop	5/4/2010		Partner	StWilliamson86@hotmail.com
9 Carter Frisbee	8/2/2010		Father	frisbeec831@gmail.com
10 Jack Wolfe	7/20/2010		Mother	jamie.aline.79@gmail.com
11 Aaron Noder	1/31/2011		mother	coreynoder@gmail.com/noderviolin@yahoo.com
12 Brooks Madigan	8/31/2010		FATHER	MADECK.MADIGAN@PRINCEMETS.COM

13 Cooper Italiano	9/7/2010	<i>[Signature]</i>	<i>Father</i>	<i>Isel italiano@gmail.com</i>
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