

2024 League Roster/Waiver Form

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

- 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.
 - I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EXCEPT ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assume all responsibility for my participation.
 - I voluntarily agree to comply with the stated and customary rules and conditions for participation. If, however, I observe any unusual significant hazard during my preparation or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
 - 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, insurers and licensors of providers used to conduct the event (hereinafter), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHILE PARTICIPATING FROM THE NEGLIGENCE OF THE RELEASEE 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 INFLUENCE. PARENTS/GUARDIANS SIGNATURE FOR SHOULD BE ON THE SAME HORIZONTAL LINE AS PLAYER'S NAME APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements and warrants that the date of birth is correct. Parent or legal guardian of each youth player must sign below.

Team Name: New Athens PanthersAge Division: 10th AmericanCoach Name: Robert MiddletonCoach Name: John SchutteCoach Name: John SchutteCoach Name: John Schutte

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Brett Millard	2-25-09	[Signature]	Father	Linzy1022@yahoo.com
2. Derek Schutte	10-23-09	[Signature]	Mother	stresources3@gmail.com
3. Aubrey Brander	11-3-09	[Signature]	Mother	bowden379@aol.com
4. Marky Hall	12-2-2009	[Signature]	Step Mom	haermis@outlook.com
5. Collin McGee	11-7-10	[Signature]	Father	mmcghee8@gmail.com
6. Austin Lynch	8-24-10	[Signature]	Mother	rphfrafo3@gmail.com
7. Kevin Garrett	9-8-09	[Signature]	Mother	cinlen81@gmail.com
8. Mason Burkett	7-13-10	[Signature]	Father	John+burkett@yahoo.com
9. [Redacted]				
10. [Redacted]				
11. [Redacted]				
12. [Redacted]				
13. [Redacted]				
14. [Redacted]				
15. [Redacted]				
16. [Redacted]				
17. [Redacted]				
18. [Redacted]				
19. [Redacted]				
20. [Redacted]				