

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: BRUINS

Age Division: 8U

Coach Name: BRYAN BLOMENKAMP

Coach Name: CHAD FURHOP

Coach Name: DAVE LINKTER

Coach Name: LINDSEY STEHL

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Leo Stehl	11/23/15		Mother	lindsey21walfe@hotmail.com
2 MacLaren Schilling	7/18/16		Mom	schillingfam6@gmail.com
3 Hunter Brenner	6/24/16		Mom	douiebrenner@gmail.com
4 Louis Vosse	2/11/16		Mom	AbbyHospeper@gmail.com
5 Beau Ries	1/23/16		Mom	sischeaf@hotmail.com
6 Wesley Welsch	1-24-16		Mom	katherinekoss@yahoo.com
7 Henry Marshall	4/5/23/16		Mom	marshallheather1@yahoo.com
8 Drew Furhop	11/18/15		Mom	mindyfurhop@gmail.com
9 Noah Blumenkamp	9/30/15		Dad	coachbryan8@gmail.com
10 Lucas Sheppard	9/9/15		Mom	jimpheppard@gmail.com
11 Wesley Kreher	11/11/16			
12 Lennox Linkter	9/16/15		Dad	ellinkter@hotmail.com
13 Weslin Kreher	12/30/15		Mom	Kreher5@hotmail.com
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