

## 2024 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the SISBI 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: O'Fallon Athletics

Age Division: 8u South Division

Coach Name: Dan Miller

Coach Name: Scott Eversgerd

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

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

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Kristen Miller	10/6/15	Kristen Miller	Mother	keharre@gmail.com
2 Crue Meadows	11/3/15	Crue Meadows	Mother	tmeadows584@yahoo.com
3 Jack Eversgerd	04/05/16	Scott Eversgerd	Father	Scott_Eversgerd@yahoo.com
4 Declan Stewart	7/20/16	Declan Stewart	Father	Declan.Stewart@gmail.com
5 Penn Rineen	6/16/15	Penn Rineen	Father	derobeb@gmail.com
6 Keegan West	8/8/15	Keegan West	FATHER	MORGANWESTER1@YAHOO.COM
7 Grayson Lamb	10/12/15	Grayson Lamb	Father	lamb0287@yahoo.com
8 Wyatt Schmidlin	01/22/16	Wyatt Schmidlin	Father	chesney-puig18@yahoo.com
9 Cole Auvine	10/15/2015	Cole Auvine	Father	jauvine@hotmail.com
10 Jack Mack	4/14/2016	Jack Mack	Father	masek.frank@gmail.com
11 Camden Nolan	10/13/2015	Camden Nolan	Father	Nolan.jon@gmail.com
12 Charles Munick	2/14/2017	Charles Munick		