

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: Route 3 Riot3

Age Division: 9U

Coach Name: Michael Schanks

Coach Name: Dave Kollack

Coach Name: Jim Snodgrass

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Nolan Nelson	4/23/15	Mary Nelson	Mom	maymay6298@yahoo.com
2 Deacon Kuhlman	10/22/14	Robert Kuhlman	DAD	Robert.Kuhlman88@gmail.com
3 Christian Hargraves	10-9-15	John Hargraves	DAD	John.Hargraves89@gmail.com
4 Carter Riggins	6/5/15	Scott Riggins	Dad	Riggins.Scott@yahoo.com
5 Henry Vogt	9-2-14	Kj. Vogt	Dad	Kj.Vogt18@gmail.com
6 Landy Bise	3-20-15	Jenn L. Bise	mom	jenn.l.bise@gmail.com
7 Caden Wilson	7-28-14	Jeff Wilson	Dad	jeff-wilson-71@yahoo.com
8 Reece Collmeyer	8-23-14	Matthew Collmeyer	DAD	mtcollmeyer@yahoo.com
9 Landon Schanks	9/1/14	Michael Schanks	Dad	michael.schanks@gmail.com
10 Drew Peter	12/5/14	Ginny Peter	Mom	ginnympeter@gmail.com
11 Cole Peter	12/5/14	Ginny Peter	Mom	ginnympeter@gmail.com
12 Chase Kollack	5/4/15	David Kollack	Dad	david.kollack@verizon.com
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