

2024 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the SIBT 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 will not sue or attempt to sue with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant harm 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: Team Mascoutah

Age Division: 10U

Coach Name: Joel Cryder

Coach Name: Ben Essenpreis

Coach Name: Kyle Jacob

Coach Name: Bryan Baer

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Baer, Abrym	10/26/2013	<i>[Signature]</i>	Parent	baerbr@yahoo.com
2. Ballard, Casen	10/7/2013	<i>[Signature]</i>	Parent	ballard28@hotmail.com
3. Biggs, Tommie	4/4/2014	<i>[Signature]</i>	Parent	Katie.L.Ham@gmail.com
4. Crowe, Colton	1/16/2015	<i>[Signature]</i>	Parent	colcrowe@yahoo.com
5. Cryder, Dean	7/15/2013	<i>[Signature]</i>	Parent	joel.cryder@me.com
6. Essenpreis, Lucas	7/9/2013	<i>[Signature]</i>	Parent	ben.essenpreis@hotmail.com
7. Jacob, Kolby	4/2/2014	<i>[Signature]</i>	Parent	kolb3@gmail.com
8. Korte, Memphis	5/6/2013	<i>[Signature]</i>	Parent	MemKorte@yahoo.com
9. Press, Liam	11/6/2013	<i>[Signature]</i>	Parent	Liam904@gmail.com
10. Teubie, Landon	11/14/2013	<i>[Signature]</i>	Parent	Lteubie@gmail.com
11. Timmermann, Bryce	10/9/2013	<i>[Signature]</i>	Parent	Timmermannb@gmail.com
12. Wetzler, Jackson	12/13/2013	<i>[Signature]</i>	Parent	jackson.wetzler@att.net

Schitz, Lukas 8/19/2014 *[Signature]* Parent

Sera Jr - 87@yahoo.com