

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: **TEAM MASCOUTAH**

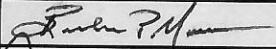
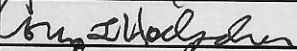
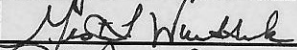
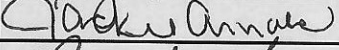

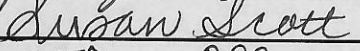
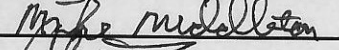
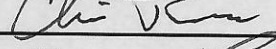
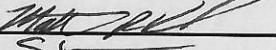



Age Division: **14U**

Coach Name: **BRANDON MUSSO**

Coach Name: **COREY HOELSCHER**

Coach Name:

Coach Name:

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 NOLAN MUSSO	6-18-2010		FATHER	coachmusso79@gmail.com
2 TRENTON HOELSCHER	9-29-2009		Father	corey.hoelscher@countryfinancial.com
3 AUSTIN WUEBBELS	6-23-2010		mom	mistywuebbels@hotmail.com
4 KALEB ARNOLD	3-19-2010		mother	j82ruger@gmail.com
5 GIDEON LOVE	4-15-2010		Mother	mklove511@gmail.com
6 MAX SCOTT	11-11-2009		Mother	pokey-sue@yahoo.com
7 ASHER MIDDLETON	10-22-2009		Father	mikemiddleton@charter.net
8 LUCAS TORRES	9-6-2009		FATHER	RYA0471@GMAIL.COM
9 MATTHEW KIMMIE	6-2-2010		Father	Alkimmie@charter.net
10 CAMERON WININGER	11-30-2009		Father	stevencameronwininger@gmail.com
11 BRANDON KLEIN	7-29-2010		Father	maldbklein@gmail.com
12 BRYSON FLETCHER	7-8-2011		Father	rpfletcher89@rsi.com
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- 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-14U

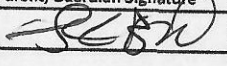
Age Division: 14U

Coach Name: BRANDON MUSSO

Coach Name: _____

Coach Name: _____

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 MASON BENNETT	9/29/2009		Father	Stevbenett@remax.net
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