

## 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: \_\_\_\_\_

Age Division: \_\_\_\_\_

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

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

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

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

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Maxx Antolix	7/18/2010	Joe Antolix	FATHER	jantolix@emcochem.com
2 Jack Grawt	9/2/2009	Brandon Grawt	Father	Brandon.Grawt@yahoo.com
3 Brent Daugherty	6/4/2009	Cory Daugherty	Father	cdartycjd@yahoo.com
4 Davion Turner	11/30/2009	Ashley Turner	Mother	ashley.turner@live.com
5 Landon Durkin	8/12/2009	Don Durkin	Father	tysondurkin87@gmail.com
6 Cayden Stahl	1/22/2010	Wesley Stahl	Father	WStahl71@hotmail.com
7 Kyle Stinchcomb	9/28/2009	Michelle Stinchcomb	Mother	Clossen717@gmail.com
8 Noah Haven	6/23/2009	Paul Haven	Grandfather	gshaven@yahoo.com
9 Lien Johnson	12/17/2009	Jadickson	Step Father	jadickson23@gmail.com
10 Cayden Bloddeke	8/24/10	Brian Bloddeke	Mother	bloddeke24@gmail.com
11 Chase Friedrich	8/22/2009	Naureen Friedrich	Mother	naureen@crossroads-realtygroup.com
12 Mark Becherer		SEE 13U Roster		
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Cheri Grawt mail@yahoo.com

Kohlendorf@yahoo.com

**RELEASE NOTICE/WAIVER FORM**

**2. The risk of injury from the activities involved in the programme is identified as follows:**

**2.2. ANTIMICROBIAL AND PEROXIDASE ACTIVITY** All steel rinses both known and unknown were tested for their ability to inhibit the growth of various bacteria, fungi, yeasts, and molds. The results are shown in Table 1.

3.1. I will only agree to comply with the required and voluntary security and conditions for participation if, however, I observe a complete confidentiality based on the fact that I will not disclose any information that I will receive, both known and unknown, EVEN LEARNING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all responsibility for my participation.

...for myself and on behalf of all who support National Communities and part of big, the RENE RILEY, AND HODD HARRIS, respectively, attention of the necessary official, including:

[illegible]

WE HEREBY ARISING FROM THE NEGLIGENCE OF THE REPLASERS OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND THE TERMS, UNDERSTAND THAT I HAVE GIVEN UP ESSENTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. PLEASE PRINT YOUR NAME AND DATE OF BIRTH ON THE SAME NUMBERED LINE AS I, MY NAME, DATE, AND ON THIS MOSTER. The number this master journal or book journal appears in the above release, and reflect that the date of birth is correct. Please, be the guardian of each child's journal or book journal.

Team Name: 70 Aphrodite Smith

Age Division: 1442

Coach Name: William D. Doherty

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

**Colch Name:**

Coach Name:

	Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1	Jesse S. ...	2-4-11	[Signature]	Father	jhs@jhs.com
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**2024 League Roster/Walver Form**

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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 INLAND SELECT BASEBALL LEAGUE, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, advertisers, and if available, 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 certifies that the date of birth is correct. Parent or legal guardian of each youth player must also below.

Team Name: Columbia Saints

Age Division: 14u

Coach Name: Joe Dickson

Coach Name: Tyler Dushin

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

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

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Ryker Nelson	2/22/10	Bridan	Mother	nelsonsivm1@gmail.com
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