

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: O'FAHON ATHLETICS

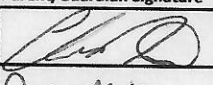
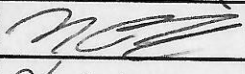
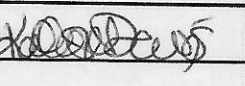
Age Division: 7u

Coach Name: Chris Driscoll

Coach Name: _____

Coach Name: _____

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Connor Driscoll	4-10-17		Dad	christopherwdriscoll@gmail.com
2 Emerson Mann	11-11-16	Janelle Mann	Mom	mann.pharmd.09@gmail.com
3 Cooper Brown	5-28-17	Nathan Brown	Dad	nrbrown7426@gmail.com
4 Eddie Brownfield	12-1-16		Dad	nicholasbrownfield383@gmail.com
5 Boston Moore	09-12-16	Ken Moore	Mom	Kesmelm@gmail.com
6 Lincoln Sidwell	5-17-17	L. Sidwell	Mom	lsid12@a.gmail.com
7 Ethan Althardt	9-14-14	Denald Althardt	Mom	dalthardt@gmail.com
8 AVISAM Schind	11/29/16	Alice Schind	Mom	adobbins288@gmail.com
9 Brooks Davis	9/21/16		Mom	ladybugost@yahoo.com
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In consideration of being allowed to participate in any way in the 2024 sponsored baseball tournament, the undersigned acknowledges, understands, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent disability and death and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does not go away.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OF OTHERS, and assume all responsibility for my participation, and I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unsafe or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

3. I HEREBY RELEASE AND HOLD HARMLESS THE SOUTHERN ILLINOIS SELECT BASEBALL LEAGUE, their officers, officials, agents, and/or employees, other participants, spectators, volunteers, and if applicable, coaches and parents of participants, from and against all claims for damages, 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 LINE WHEN THE NAME OF THE PLAYER 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 7U


Age Division: 7U

Coach Name: Chris Driscoll

Coach Name: Brian Mann

Coach Name: Jim Keefe

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Leo Dumstorff	11/24/2016		Father	leodumstorff@yahoo.com
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