

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: Washington County Wizards

Age Division: 11U

Coach Name: Michael Hudgens

Coach Name: Jeremy Hundelt

Coach Name: Joe Segelhorst

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Tyson Hackstadt	10/22/13	<i>Tyson Hackstadt</i>	MOM	ahackstadt@okawvillek12.org
2. Colton Segelhorst	2/16/13	<i>Joe Segelhorst</i>	Father	jsegelhorst@hotmail.com / Rachel - fess@hotmail.com
3. Brendal Turner	5/2/13	<i>Kristin Turner</i>	MOM	pedce32@hotmail.com
4. Hudson Schneider	10/24/13	<i>Jonathan Schneider</i>	DAD	jonathan.schneider@bayer.com
5. Devin Hundelt	03/29/13	<i>Tim Hundelt</i>	Father	honda_97@hotmail.com
6. Andrew Klingenberg	1/3/14	<i>Geli Klingenberg</i>	MOM	wdi142@yahoo.com
7. Michael Todd	6/9/12	<i>Mike Todd</i>	DAD	nickstein04@gmail.com
8. Walker Hudgens	1-21-13	<i>Michael Hudgens</i>	DAD	mhudge2@yahoo.com
9. Cooper Foley	10/26/13	<i>Cooper Foley</i>	DAD	jfoley7902@yahoo.com
10. Ryker Wisneski	2/6/14	<i>Mike Wisneski</i>	DAD	s.grapperhaus33@hotmail.com
11. Chase Hudgens	6-2-15	<i>Michael Hudgens</i>	DAD	mhudge2@yahoo.com
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