

2024 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the SSBL 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'Fallon Athletics

Age Division:

13u

Coach Name:

Chris Driscoll

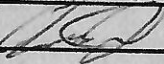

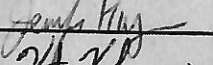
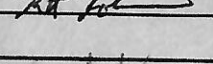

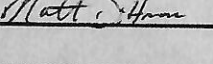
Coach Name:

Scott Voss

Coach Name:

Elias Czech

Coach Name:

| Player Name | Player Birthday | Parent/Guardian Signature | Relationship to Child | Parent Email Address |
|-------------------------|---------------------|---|-----------------------|--------------------------------|
| 1 Jack Driscoll | 5-27-11 |  | Father | christopherjdriscoll@gmail.com |
| 2 Luke Evans | 05/28/11 | | | |
| 3 Luke Evans | 12/01/10 |  | Mother | seversgerd fnp@gmail.com |
| 4 Nolan Hueren | 4/18/11 |  | Mother | jenniferschnier@hotmail.com |
| 5 Kandy Kohrman | 9-1-10 |  | Father | KKohrman86@gmail.com |
| 6 Brandon | | | | |
| 7 Tyson Voss | 9-6-10 |  | FATHER | voss@the1jco.com |
| 8 Grayson Dittman | 7-9-11 |  | Father | Dittmanj@gmail.com |
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2024 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the USSF sponsored baseball tournament, the undersigned acknowledges, appreciates, and agrees that:

- 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.
- 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.
- 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 hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- 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'Fallon Athletics


Age Division: 13U

Coach Name: Chris Driscoll

Coach Name:

Coach Name:

Coach Name:

| Player Name | Player Birthday | Parent/Guardian Signature | Relationship to Child | Parent Email Address |
|------------------|-----------------|---|-----------------------|-----------------------|
| ROMAN ZAMBRENCIA | 4-Nov-10 |  | FATHER | DZAMBRENCIA@GMAIL.COM |
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2024 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the SSSE sponsored baseball tournament, the undersigned acknowledges, appreciates, and agrees that:

- 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.
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume all responsibility for my participation. I willfully agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or significant hazard or danger to my safety or the safety of others, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- 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 officials, 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 RELEASES 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 PLAYERS NAME APPEARS ON THIS FORM. 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
 Age Division: 13U
 Coach Name: Driscoll
 Coach Name: _____
 Coach Name: _____
 Coach Name: _____

| Player Name | Player Birthday | Parent/Guardian Signature | Relationship to Child | Parent Email Address |
|---------------------|-----------------|---------------------------|-----------------------|---------------------------------|
| 1. <u>Mark Muni</u> | <u>7-8-10</u> | <u>Molly Muni</u> | <u>Mother</u> | <u>muni@yourlocalpointe.com</u> |
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2024 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the SSBL sponsored basketball 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. I will not sue or bring a claim against any person, organization, or entity, including the SSBL, for any injury or damage, including medical expenses, lost wages, or other damages, arising from my participation, and I will release, defend, and hold harmless the Southern Illinois Select Baseball League, their officers, officials, agents, and/or employees, other participants, sponsoring companies, advertisers, and all other persons, organizations, or entities, from and against any and all claims, damages, losses, or expenses, including reasonable attorneys' fees, of any kind or nature, arising from the negligence of the releasees or otherwise.

3. I will not sue or bring a claim against any person, organization, or entity, including the SSBL, for any injury or damage, including medical expenses, lost wages, or other damages, arising from my participation, and I will release, defend, and hold harmless the Southern Illinois Select Baseball League, their officers, officials, agents, and/or employees, other participants, sponsoring companies, advertisers, and all other persons, organizations, or entities, from and against any and all claims, damages, losses, or expenses, including reasonable attorneys' fees, of any kind or nature, arising from the negligence of the releasees or otherwise.

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 companies, advertisers, and all other persons, organizations, or entities, from and against any and all claims, damages, losses, or expenses, including reasonable attorneys' fees, of any kind or nature, arising from the negligence of the releasees or otherwise.

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'Fallon Athletics

Age Division: 13U

Coach Name: Christopher Driscoll

Coach Name: _____

Coach Name: _____

Coach Name: _____

| Player Name | Player Birthday | Parent/Guardian Signature | Relationship to Child | Parent Email Address |
|-----------------|-----------------|---------------------------|-----------------------|----------------------|
| 1. Dillon Clark | 10/15/2010 | <i>Dad Clark</i> | Father | dad.clark@gmail.com |
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2024 League Roster/Waiver Form

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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.

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date of birth is correct. Parent or legal guardian of each youth player must sign below.

Team Name: _____ O'Fallon Athletics

Age Division: _____ 13u

Coach Name: _____ Chris Driscoll

Coach Name: _____

Coach Name: _____

Coach Name: _____

| Player Name | Player Birthday | Parent/Guardian Signature | Relationship to Child | Parent Email Address |
|----------------|-----------------|---------------------------|-----------------------|-------------------------|
| 1 Dylan Souder | 9-1-2010 | Leri Souder | Mother | terc henken@hotmail.com |
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2024 League Roster/Waiver Form

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Team Name: O'Fallon Athletics

Age Division: 13U

Coach Name: Chris Driscoll

Coach Name: _____

Coach Name: _____

Coach Name: _____

| Player Name | Player Birthday | Parent/Guardian Signature | Relationship to Child | Parent Email Address |
|---------------|-----------------|---------------------------|-----------------------|----------------------------|
| 1 Everett | 6/2/12 | Beth Bonifant | mother | beth@terraconstruction.com |
| 2 Bonnenshehl | | | | |
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