

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: Ofallon Bombers- MeyerAge Division: 13UCoach Name: Jeff MeyerCoach Name: Joe StinesCoach Name: Dominic Muscarello

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
Austin Meyer	9/15/2010		father	ucf6515@yahoo.com
Ben Bowen	11/7/2010		father	brbowen@sbglobal.net
Chase Luebbbers	2/12/2011		father	Luebbbers995@gmail.com
Clayton Rich	2/2/2011		Father	cmr138@gmail.com
Derion Reese	2/15/2011		Father	drnitive@gmail.com
Jace Dallas	9/30/2010		GRAND FATHER	KDALLAS57@GMAIL.COM
Jackson Stines	5/11/2011		Father	1stinesx2@yahoo.com
Jacob Faust	8/17/2010		Father	mtfaust26@yahoo.com
Brody Beaston	11/8/2010		Mom	ABEASTON@charter.net
Nic Muscarello	9/19/2010		FATHER	dmusc@sbglobal.net
Travis Hart	4/13/2011		Mother	mlmml999@yahoo.com
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