

2025 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the SISRI 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: Lumberjacks

Age Division: _____

Coach Name: Andrew Romanitis

Coach Name: _____

Coach Name: _____

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Alexander Romanitis	6/11/15		Dad	aromanis1@yahoo.com
2 Hunter Friedrichs	7/16/15		Dad	N_Friedrichs@hotmail.com
3 Rhett Thomsen	5/15/15		Dad	Kthomsen1010@yahoo.com
4 Owen Markus	9/20/14		Mom	amberlmarkus@gmail.com
5 Wyatt Croy	1-13-15		MOM	Stecroy0812@hotmail.com
6 Bayler Brachear	2/18/14		Dad	BBRACHEAR@GMAIL.COM
7 Hutch Acenon	12/24/14		Dad	neal_a@live.com
8 Wyatt Korte	3/8/15		Fad	84erKorte@gmail.com
9 Logan Albat	4/10/15		Mom	jenniferalbat@gmail.com
10 Arlen Beer	1/15/15		Mom	beerfamily26@gmail.com
11 Charlie Puchbauer	9/24/14		MOM	brittanypuchbauer@yahoo.com
12 Bryce Koerke	7/23/15		DAD	Koerkebryce.s@gmail.com
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I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTITUTAL, RESERVATION OF RIGHTS, 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, I agree to the above statement and certify that the date of birth is correct. Parent or legal guardian of each youth player must sign below.

Team Name: Lynnhaven Jacks 10U

Age Division: 10U

Coach Name: Andrew Romanoff

Coach Name: Mark Friedman

Coach Name: Chris Korte

Coach Name:

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. <u>Katrina Davis</u>	<u>6/16/15</u>	<u>Melba Jones</u>	<u>mom</u>	<u>melbae13@gmail.com</u>
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