

2025 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: Diamond Kings

Age Division: 10 U

Coach Name: Patrick Dumbolt

Coach Name: Kyle Langenholtz

Coach Name: Kevin Mallin

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Cruz Dumbolt	3-9-2015	[Signature]	Father	patrick_d@hotmail.com
2 Blaine Toennies	9-5-2014	[Signature]	Mom	karenlodes@hotmail.com
3 Maverick Howard	12-15-14	[Signature]	Mom	aliciahoward5810@gmail.com
4 Kyle Langenholtz	10-19-14	[Signature]	mom	brook@visiontitles1.com
5 Ainslie McAllister	8-15-14	[Signature]	mom	aincallister217@gmail.com
6 Dawson Timmermann	1-21-15	[Signature]	Mom	timmermann332@yahoo.com
7 Owen Derters	5-1-15	[Signature]	mom	sarahderters@gmail.com
8 Ryder Zobrist	10-28-14	[Signature]	Dad	tysonzobrist@gmail.com
9 Michael Bibbs	12-28-14	[Signature]	Mom	stacym3@yahoo.com
10 ASHER BEER	5-29-15	[Signature]	Dad	bbbbeer09@gmail.com
11 Dage Popper				
12 Brady Wurbs				
13 Marcus Vukobrat				
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