

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:

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 will 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: Columbia Scouts

Age Division: 11 U

Coach Name: Chris Hitzemann

Coach Name: _____

Coach Name: _____

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Evan Hitzemann	9-11-13		Dad	chitzemann@gmail.com
2 Nathan Stamm	2-19-14		Mom	estamm7@hotmail.com
3 Murphy Morrill	3/6/14		Father	immorrill@yahoo.com
4 MAX SHARP	8/12/14		FATHER	TSHARP2255@gmail.com
5 Jacob Woodcock	7/20/14		Father	ewoodcock15@gmail.com
6 Brock Row	4/17/14		Mom	row.kristy@gmail.com
7 Michael Poole	09/30/14		Dad	mpoole1221@gmail.com
8 Connor Blumes	4/23/14		Father	keblumer@gmail.com
9 Cole Dillon	7-1-14		Father	mdillon09@yahoo.com
10 Luke Schlemmer	2-9-14		Father	nschlem15@gmail.com
11 Byron Story	3-19-14		Father	storygolf@yahoo.com
12 CJ Lawson	5-3-14		Dad	covey.krista.lawson@gmail.com

13				
14	MASON JAMES	4/8/14	M.J.	FATHER
15	Mason Embick	7/12/13	Whitney Embick	Mother
16	CASEY SCHWENCK	12.18.13	C. Schwend	MOTHER
17	Mark Liefer	2/23/14		Doc
18				
19				
20				

MARKJ6680@GMAIL.COM

whit47@gmail.com

bradschwend@gmail.com

SBC Liefer@yahoo.com