

In consideration of being allowed to participate in any way in the SISBL 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.

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, their 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 Baseball Club





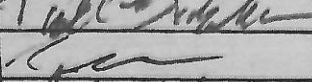
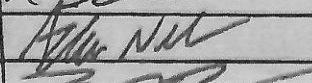


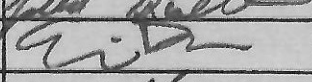
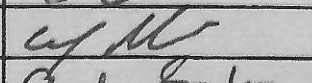
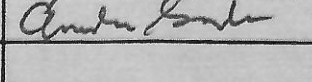
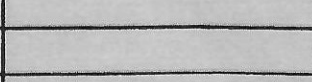
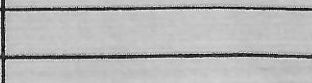
League Division: 8u

Coach Name: Bob Skowron

Coach Name: Justin Garleb

Coach Name: Bobby Swacil

Coach Name: Todd Breitenstein

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
Corek Range	10/25/2017		Father	angelamrange@gmail.com
Sham Swacil	10/16/2016		FATHER	bswacil@gmail.com
Theodore Weaver	2/12/2018		Father	schmidjk@gmail.com
Dominic Lopez	12/27/2016		Father	fulksa@icloud.com
Tesley Breitenstein	12/30/2016		Father	tjbreitenstein04@gmail.com
Theodore Skowron	1/17/2017		Father	bob.skowron@gmail.com
Nolan Nobbe	11/1/2016		Father	nobbe225@yahoo.com
Chase Bement	7/27/2017		Father	zach@siaelec.com
Rude Meyer	12/6/2016		Father	Dmeyer116@gmail.com
Leo Garleb	12/14/2016		Father	ericajohnson1984@yahoo.com
Brooks Darr	3/21/2017		Father	LaurenNdarr@gmail.com
Ben Hendrickson	5/1/2016		Father	kelbelz33@yahoo.com
Jack Sander	7/14/2016		Mother	amanda.m.sander@gmail.com