WIND LAKE OWLS TOURAMENTS

The undersigned does hereby release and forever discharge Wind Lake Youth Baseball, its members officially and individually, and its officers, agents, and employees of any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from any injuries, damage to property, and the consequences thereof, including death, resulting from my participation in any way connected with such athletic activities.

In the event that I sustain injury or illness while participating in any of the athletic activities sponsored by Wind Lake Youth Baseball, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by medical personnel. I also give permission for attending medical personnel to execute on my behalf, my permission forms, or other necessary medical documents and to act on my behalf if I am not immediately available to do so.

I verify that I have no physical disabilities, impairments or chemical dependencies that inhibit participation in sport activities. I do not know of any medical reason why I should not participate in a tournament for my sport.

I fully understand all of the above. I accept and assume all risk involved in any such activities in which I participate as either part of a voluntary or involuntary activity. I assume all medical expense responsibility for any injuries sustained in either voluntary or involuntary activity.

PLAYER NAME	PARENT/ GUARDIAN SIGNATURE	DATE