Muskego Warriors Youth Baseball
5th Annual Invitational Tournament
June 26-28, 2009

AUTHORIZATION & WAIVER OF LIABILITY

Team Name: _____ Bracket: _____ Date: _____

Head Coach Name: _____ Phone: _____

This is to certify that I, as parent or legal guardian of a player on the _____ baseball team, do hereby grant permission to the adult manager, coach and business manager of the team to obtain medical care from any licensed physician, hospital or medical clinic for my child/player listed herein at such times I, as parent or legal guardian, cannot be contacted in person. This authorization shall include all team activities, games and travel to and from those activities, and we do hereby waive, release, absolve, indemnify and agree to hold harmless Muskego Warriors Youth Baseball, its officers, directors and volunteers; the organizers, supervisors, officials, game fields, participants and persons transporting to and from those activities for any claim arising out of any injury to my child/player listed.

All players must be listed with proper signatures and date signed.

Player's Name	Signature of Parent/Legal Guardian	Phone No.	Date

The signatures above indicate that the waiver has been read, the contents are understood, and it was signed freely and voluntarily.