



**"Pride In The Program. Respect For The Game."**<sup>TM</sup>

**RELEASE AND CONSENT FORM**

**Event:** Evergreen Spring, Summer and Fall Baseball Program; Evergreen Baseball Spring, Summer and Fall Baseball Team Games and Activities; (including all travel to and from such Event(s) and hotel/dorm stay). This includes but is not limited to, in-state and out-of-state tournament play and games for the 2019 calendar year

**Dates of Events:** January 1, 2019 – December 31, 2019

**RELEASE AND CONSENT**

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THE EVENTS DESCRIBED ABOVE (THE "EVENTS"), I HEREBY RELEASE AND DISCHARGE EVERGREEN HIGH SCHOOL, THE COUGAR DIAMOND CLUB A/K/A EVERGREEN BASEBALL BOOSTERS, TOGETHER WITH THEIR RESPECTIVE BOARD MEMBERS, BOARD OFFICERS, COACHES, ADMINISTRATORS, EMPLOYEES, AGENTS AND REPRESENTATIVES, INCLUDING ALL VOLUNTEERS, SPONSORS AND DRIVERS (COLLECTIVELY, THE "RELEASED PARTIES"), FROM ALL CLAIMS AND ACTIONS OF ANY KIND, INCLUDING GROSS NEGLIGENCE, WHICH I MAY HAVE AGAINST SUCH RELEASED PARTIES ARISING OUT OF MY PARTICIPATION IN THE EVENTS. FURTHERMORE, I HEREBY AGREE, ON BEHALF OF MYSELF AND ON BEHALF OF ANY PERSON OR ENTITY CLAIMING BY, THROUGH OR UNDER ME (COLLECTIVELY, "ME") TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION OF WHATEVER KIND AND CHARACTER, INCLUDING THEIR OWN NEGLIGENCE, WHICH MAY EVER BE BROUGHT BY ME AGAINST THEM, WHETHER SUCH CLAIMS ARE KNOWN OR UNKNOWN, AT LAW OR IN EQUITY, AND WHICH ARISE OUT OF OR IN ANY WAY RELATE TO MY PARTICIPATION IN THE EVENT. IN CASE OF AN EMERGENCY, I HEREBY AUTHORIZE A REPRESENTATIVE OF THE EVERGREEN DEVELOPMENTAL FALL BASEBALL PROGRAM (INCLUDING COACHES) TO SEEK APPROPRIATE MEDICAL ATTENTION ON MY BEHALF.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ Work: (     ) \_\_\_\_\_

**Medical Insurance:**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**If Athlete is under 18 years of age:**

Father/Mother/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby give permission for my son to participate in the Events described above. I have read the Release and Consent set forth above, and hereby agree to its terms on behalf of myself, my son, and any party making claims by or through either of us. In case of an emergency, I hereby authorize a representative of the Evergreen Fall Developmental Baseball Program (including coaches) to seek appropriate medical attention for my son.

\_\_\_\_\_ Date \_\_\_\_\_

Father/Mother/Guardian's Signature (**required if Athlete is under age of 18**)