

KYLE MILLER MEMORIAL, INC. OFFICIAL WAIVER AND RELEASE OF LIABILITY & INDEMNIFICATION FORM

I, the undersigned player or the parent or legal guardian of a minor player named below, acknowledge, agree and understand that 1) Voluntarily and of my own free will, I elect to participate as a member of the sports team and showcase indicated below. 2) I understand that there are certain risks and hazards involved in participating in sports, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants, in addition to the acts of pitching, throwing, fielding, kicking, and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I agree that, in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the field arranged by the Kyle Miller Memorial, Inc. 1) I voluntarily elect or accept and solely assume all risks of damages, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice of play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields arranged for by my team or league for practice or play. 2) I release, discharge, and agree not to sue the team and/or league designated below or any owner of leasee of fields on which this sport is played or practiced by my team or the Kyle Miller Memorial, Inc., or their Board of Directors, members, officers, agents, servants, associations, employees, or any persons or entity connected with the team, organization, field, or the Kyle Miller Memorial, Inc. for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause, including but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree, that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs, including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me, or on my behalf even if the damages, injuries, or death are caused in whole or in part by any of the parties or entities hereby released. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

2010 KYLE MILLER COLLEGE SHOWCASE OFFICIAL ROSTER

TEAM NAME / CITY & STATE _____

PRINT PLAYER'S NAME & DOB	PLAYER'S SIGNATURE & DATE	BONAFIDE RESIDENCE	PARENT / GUARDIAN SIGN	RELATIONSHIP & DATE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above mentioned team and I certify and verify that all of the information supplied above is correct to the best of my knowledge; and that all of the players signed the above in their handwriting; and they are eligible to compete with my team in the Kyle Miller College Showcase.

Manager's name (print) _____
 Manager's address _____
 City _____ State _____ ZIP _____
 Home Phone _____

State _____ License # _____

ID Verified by _____ Date _____

Manager's signature _____
 (must be signed at registration table)