Will Dicus Baseball Tournament Liability Release Form and Roster Waiver

The undersigned Manager or Head Coach of the Participating Baseball/Softball Team below hereby acknowledges and affirms the following:
Team Name:
Manager/Head Coach Full Name:
Contact Phone Number and Address:
"I have chosen to participate in the Will Dicus Baseball Tournament (the Tournament"). The Tournament's games will feature activities including, but not limited to, running, hitting, throwing, catching, sliding, and other strenuous physical activities that may cause or result in injuries from batted or thrown balls, or collisions with other players or with fences or other structures, or serious injury to ligament, tendons, muscles, bones, organs, or brain injury from concussive traumatic injury, or injury to any or all bodily parts or systems from lightning strike or other weather-related casualty; all or any of which circumstances could result in permanent injury and/or death to participants. Accordingly, I, and all of the players listed and signing below or their parent(s) or legal guardian(s), hereby affirm that none of them has any existing physical ailments or medical condition(s) that would be aggravated by participating in such activities.
NOW, THEREFORE, understanding the foregoing inherent risks of participation in athletic competition, as Participants in the Tournament, I, as manager and/or Coach, and each of the players named and signing below or their parents or legal guardians signing where the player is less than eighteen years old, for themselves, their heirs, and assigns, do hereby knowingly and voluntarily assume all such risks of injury and further assume full and absolute responsibility for any and all risks related to the players' involvement in such activities. I further recognize that the organizers and volunteers assisting in operating and facilitating the Tournament are volunteers participating in a charitable endeavor to raise funds for the Will Dicus Indoor Training Facility at Watauga High school and are not professional sports promoters or event operators. As such, I/we hereby fully and absolutely release The Will Dicus Baseball Tournament, its managers, members, volunteers, agents and affiliates, from any and all liability, including the possibility of active negligence, arising from or related to each and every Participant's involvement in these Tournament games.
I have read and completely understand the foregoing. This document along with any others I have or will execute to effect the engagement with The Will Dicus Baseball Tournament, constitute the full and entire agreement between me, the Participating Team and The Will Dicus Tournament, its managers, members, agents, and affiliates. No oral statements different than or in addition to the terms of these documents were made to me or the Participants and there are no agreements other than the written words contained therein. ALL QUESTIONS REGARDING THE TOURNAMENT HAVE BEEN ANSWERED TO MY SATISFACTION."
Manager or Head Coach of Participating Baseball/Softball Team Signature:
Data
Date

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By executing this document, the Parent or Legal Guardian confirms their agreement to the binding contract and hereby release The Will Dicus Memorial Baseball Tournament, its managers, members, agents and affiliates from any and all liability, including active negligence, arising from the Participant's involvement in The Will Dicus Baseball Tournament.

Please print Player's Name and DOB and the Parent/Legal Guardian's name, then adult players or Parent/Legal Guardian or minor Participant's please sign:

	Player Name	Player Birthdate	Parent/Legal Guardian name and signature
1.			
2.			
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15.			
best	e undersigned Head Coach of their knowledge and as form.	/Manager affirms that all p sumes full and absolute res	layer names and ages are true and correct to the consibility for the above team members listed on
Hea	ad Coach/ Manager Print N	Name:	
Sign	nature:		