## PITBULL Baseball Organization BASEBALL WAIVER 2019

Players Name:	Date:
WAIVER AND RELEASE:	
My child/ward is in good health ar	nd has my full permission to participate in the PITBULL Baseball
Organization program. My child/	ward has no existing or prior sickness, illness, disease or bodily injury
that is contradictory to participatio	on. I fully understand that baseball is a contact sport and that physical
injury may occur during the course	e of participation. I certify that my child/ward has my permission and
consent to participate in the PITB	ULL Baseball Organization program. I hereby release, discharge and
relinquish the PITBULL Baseball	Organization program, its teams, coaches, field directors, trainers,
managers, umpires, sponsors, ager	nts, Board of Directors, officers, Chairman or others connected to the
club of and from all claims, demar	nds, actions and cause of action of any sort, for any injuries sustained by
my child/ward for injuries sustained	ed by my child in practice, game play or training sessions with the
PITBULL Baseball Organization	program activities.
Furthermore, in the event of illness	s or injury to my child/ward during a PITBULL Baseball Organization
program practice, game or training	g session, I hereby give consent for the performance of such diagnostic,
medical, and/or surgical treatment	on my child as may be deemed medically necessary in order to assure
the safety of my child. I agree that	t I will not hold any doctor, nurse, team, coach, or league official
responsible for the consequences of	of any voluntary medical or first-aid treatment administered to my child
as a result of any injury sustained i	in connection with the PITBULL Baseball Organization activities.
Parent/Guardian Signature: _	
Relationship to Participant:	