



Waiver / Release of Liability

Gavilan Buzz Softball

In consideration of being allowed to participate in any way in the Gavilan Buzz Softball Program, related events and activities, the undersigned acknowledges, appreciated and agrees that:

The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist and,

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all responsibility for any participation; and,
 2. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and
 3. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Silicon Valley Baseball Association and Gavilan Buzz Softball Program, their officers, officials, agents and/or employees, other participants, sponsoring agencies, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
1. This is to certify that I, parent/guardian of _____, a player on the Gavilan Buzz, hereby grant permission to the adult manager, coach or business manager of the team, to obtain medical care from any licensed physician, hospital, medical clinic, for the player named herein, at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all team activities, including the period required to travel to and from those activities;

I have read this release of liability and assumptions of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. By signing, I agree to the above statements and verify that the date of birth is correct.

Signature

Date

Player		
Guardian 1		
Guardian 2		

Player Date of Birth



Player Emergency Information Form

Gavilan Buzz Softball

Date:

Player

Name:

Physical Limitations:

Medical Conditions:

Medications:

Allergies:

Personal Physician

Name:

Phone:

Parent/Guardian

Name:

Phone:

Relationship:

Signature: