

**Edwardsville Tigers Youth Baseball**  
**Sports Medical Information and Waiver Form**  
**(Please complete and sign in all locations)**

Name of Participant : \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have medical insurance? Yes\_\_\_ No\_\_\_

Who is your insurance carrier? \_\_\_\_\_

ID Number \_\_\_\_\_

Do you have any disabilities, handicaps, present injuries, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes\_\_\_ No\_\_\_ If yes, please explain: \_\_\_\_\_

**In case of emergency, contact my physician:**

Dr. \_\_\_\_\_

Phone: \_\_\_\_\_

---

**Emergency Authorization Signature:**

**I, the parent/legal guardian of the participant, who is a minor, hereby authorize leaders, team members, supervisors and vehicle drivers as my agent to consent to medical, surgical or dental examination and/or treatment. In case of an emergency, I hereby authorize treatment and/or care at any hospital.**

**X** \_\_\_\_\_

I, \_\_\_\_\_ (name of participant) acknowledge that I desire to participate in the **Edwardsville Tigers Youth Baseball** and all activities related or incidental to same (collectively, the "Activity"). My participation in the Activity is voluntary and I agree to accept the risks of my participation, including all risk of personal injury or death. In consideration for **Edwardsville Tigers Youth Baseball**, and head coach \_\_\_\_\_, permitting me to participate in the Activity and to use its facilities and equipment, I agree on behalf of myself and my personal representatives and their successors in interest (all hereafter referred to as "releasers") to release **Edwardsville Tigers Youth Baseball** and their respective officers, coaches, trustees, directors, employees and agents (hereafter referred to as "releasees") from all liability for any loss or damage and any claim for damages thereafter, on account of injury to my person or property or my death, whether caused by the negligence of releases or otherwise arising directly or indirectly as a result of my participation in the Activity. I further agree to indemnify and release each of them from loss, liability, damage or cost releases may incur due to my participation and related activities, whether caused by the active or passive negligence of releases or otherwise.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**(continued on back)**

I have carefully read the above release and I know its contents. I am aware that this is a release of liability and I sign this voluntarily.

I release all officials and professional personnel from any claim whatsoever on account of first aid, treatment or service rendered to me during participation in these activities. This release contains the entire agreement between the parties. The terms of this release are contractual and not a mere recital.

USE OF PHOTOGRAPHS: I do hereby grant and give **Edwardsville Tigers Youth Baseball** the right to use my photograph or image (or the photograph or image of the participant for whom I'm signing) with or without my/our names, both single and in conjunction with other persons or objects for any and all purposes including but not limited to private or public presentations, advertising, publicity and promotion relation here to. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold **Edwardsville Tigers Youth Baseball** harmless of and from any and all liability of whatever nature, which may arise out of or result from such uses.

**Signature of Participant: X** \_\_\_\_\_  
Date: \_\_\_\_\_

**Signature of Parent/Guardian** (if participant is a minor) consenting to a minor's participation under the foregoing terms and conditions:

**X** \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone No \_\_\_\_\_