

Congregation Ahavas Yisroel
Jewish Community Little League, Inc.

**CONSENT, WAIVER, RELEASE OF LIABILITY,
AND ASSUMPTION OF RISK ACKNOWLEDGMENT FORM**

I, (Parent/Legal Guardian _____), hereby state that I am the Parent or Legal Guardian for (please print):

Name _____, Date of Birth ____/____/____;
Name _____, Date of Birth ____/____/____;
Name _____, Date of Birth ____/____/____;

I hereby grant permission for the above-named child(ren) to participate in Congregation Ahavas Yisroel's (CAY) baseball program affiliated with Jewish Community Little League, Inc. (JCLL) and Little League, Inc.

In granting permission, I understand that participation in little league baseball involves: running, throwing and catching a baseball, and swinging a bat; requires the capacity to understand and adhere to JCLL and Little League, Inc., rules; may result in serious injuries to players; and, that protective equipment does not necessarily prevent all player injuries.

I certify that my child(ren) has no condition, medical or otherwise, that limits his/her ability to participate in little league baseball. If such condition or limitation exists, please explain and specify any modification that would enable him/her to play. Additionally, please identify any and all medical conditions and/or allergies that CAY and JCLL should be aware of in case of emergency:

I do hereby knowingly, voluntarily, and expressly assume full responsibility for any and all inherent and natural risks associated with the danger of bodily injury arising from or related to any CAY, JCLL and/or Little League, Inc., baseball activity, or as a result of any medical conditions known or unknown.

I further do hereby waive, release, absolve, indemnify, agree, and consent to hold harmless CAY, JCLL, Little League Baseball, Inc., and their agents, assignees (and others, such as organizers, sponsors, supervisors, participants, and persons) transporting my child(ren) to and from activities, and from all claims and/or demands that I may have against CAY, JCLL, and Little League Baseball, Inc., and/or their agents, assignees (and others as indicated), including, but not limited to, personal injury or property damage, arising out of any injury to my child(ren) regardless of whether they were caused by the negligence of CAY, JCLL, Little League Baseball, Inc., and/or their agents, assignees (and others as indicated), except to the extent and in the amount covered by accident or liability insurance.

In addition, I hereby grant CAY, JCLL, its agents, assignees (and others as indicated) express permission and consent, in my absence, to authorize medical treatment for the my child(ren) should he/they sustain any injury arising from their participation in any CAY and/or JCLL baseball activity, or as a result of medical conditions known or unknown including, but not limited to, notification for and treatment by emergency services as well as transportation to and treatment at an emergency facility.

I will, upon request, furnish a certified birth certificate of the above-named child(ren) to JCLL officials for proof of age.

Emergency Contact (Name/Number/Relationship):

Parent/Guardian (print& sign name)

Date