



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

I hereby voluntarily permit my child, \_\_\_\_\_, to participate in College Glen Little League (hereinafter "CGLL") and UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

In consideration for being permitted by CGLL to participate in this activity, I hereby release and hold harmless CGLL, volunteers, designated coaches, and program officials and supervisors from any and all liability, and from all actions or claims that I, my child and/or my family now or hereafter have for damages and/or injury to my child, or to any person or property, resulting from the negligence or other acts or omissions by any representative, coach, volunteer and/or board member in connection with or arising out of my child's participation with CGLL and attendance at any event or activity associated with CGLL. I further agree that this waiver, release, and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold CGLL (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to CGLL and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to CGLL and Volunteers to disclose the information contained on the Emergency Medical Card to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur because of such treatment.

CGLL does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. CGLL also does not provide any medical or other insurance protection.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND College Glen Please see attached docs. LITTLE LEAGUE AND SIGN IT OF MY OWN FREE WILL.

---

Print Name \_\_\_\_\_ Date \_\_\_\_\_

---

Signature \_\_\_\_\_ Date \_\_\_\_\_