Waiver & Release Form for Cavaiani Baseball LLC Liability Release & Parental Consent Form

In consideration of the acceptance of my/my son's participation in Cavaiani Baseball LLC, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in Cavaiani Baseball LLC, practices, games, or any other associated activities.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Cavaiani Baseball LLC will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understand the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Sig	nature							-	
Print Name/Date									
Print Player Name								-	
Age Group (Circle)	QI I	1011	1111	1211	1311	1411	1511	1611	1711

