

# ***SO. CAL MIZUNO BASEBALL/FASTPITCH***

## **Medical Liability Release Form**

**Team's Name** \_\_\_\_\_

This is to certify that each parent or guardian, of each player, hereby grants permission to the adult manager, coaches or business manager of that team to obtain medical care from any licensed physician, hospital or medical clinic for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all tournament activities, including the period of time required to travel to and from said activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless **SO. CAL MIZUNO**, its members as well as any and all local agencies, sponsors, directors, organizers, participants and/or any person transporting players to and from any sanctioned activity, for any claim arising out of injury to the participants named herein, for any reason including any act of terrorism as defined by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States.

Release of Responsibility for all players by **SO. CAL MIZUNO**, its members as well as any and all local agencies, sponsors, organizers, supervisor, and/or participants for injuries incurred during any **SO. CAL MIZUNO** Baseball Event

**Player Name**

**Parent or Guardian Signature**

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