



Finger Lakes Falcons Travel Baseball

Amateur Athletics Minor Waiver Release of Liability Form

In consideration of being allowed to participate in any way in the 2024-2025 Finger Lakes Falcons Travel Baseball athletic sports programs, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her team manager, coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which much result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this this time.
3. Assume all the forgoing risk and acceptable personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Finger Lakes Falcons Baseball, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of the premise used to conduct the event, all of which are hereafter referred to as "releases", from any kind and all liability to each of the undersigned, his or her heirs and next of kin and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I/We have read the above waiver and release and understand that we have given up substantial rights by signing it. I/We sign it voluntarily.

Name of Player (printed): _____ Team: _____

Address of Participant: _____

Name of Parent/Guardian: (printed): _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian: (printed): _____

Signature of Parent/Guardian: _____

FOR ORGANIZATIONAL USE ONLY

Received By:

Date Completed:

Board member Initials: