



# LONG ISLAND ATHLETICS

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## LIABILITY FORM

In consideration of being allowed to participate in any way with the Long Island Athletics Baseball program and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the 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 coach or supervisor of such condition(s) and refuse to participate;
2. Acknowledge and fully understand each participant will be engaging in activities that involve risk of serious injury including a permanent disability or death, and severe social and economic losses which might result not only from his/her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition 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 time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death;
4. Release, waive, discharge and covenant not to sue Long Island Athletics 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 premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage of property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**I/WWE HAVE READ THE ABOVE WAIVER AND RELEASE FORM, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Parent or Guardian (Signature/Relationship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent or Guardian (Signature/Relationship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Participant Name: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Playing Season \_\_\_\_\_