

Cory Joseph Wilson



*Memorial
Baseball
Tournament*

Tournament Registration Form/Waiver-Release Form

Warranty of Player's Fitness

The undersigned (hereinafter, "the Player") hereby warrants to the Fireball 40 Baseball Tournament (hereinafter, "FB-40") that he is eighteen (18) years of age or over is in good physical condition and that he has no impairment or ailment preventing him from engaging in the activities of the FB-40.

Absolute Release of Liability

In consideration of being permitted to participate in the activities of the FB-40, in any manner, including but not limited to playing, coaching, spectating or being on the field or in spectator areas for any purpose whatsoever, and fully understanding that participation in the game of baseball includes the risk of serious personal injury, the undersigned Player fully and absolutely assumes full responsibility for the risk of injury due to participation, weather conditions, playing conditions (including the type of bases, plates and fences and equipment) other participants, of any magnitude including fatality, and does hereby forever absolutely release, even for their own negligence, and agrees to hold harmless the FB-40. All government bodies and landowners that may sanction or permit the participation in the game of baseball and all employees, other participants, agents, servants, officers, public officials, volunteers, game officials and sponsors from all claims for damage whatsoever of any kind now or in the future. The Player shall participate in the FB-40 at his own risk. The Player waives any and all claims, of any kind or nature, that may arise against the FB-40 as a result of the Player's participation in the FB-40 Tournament. The Player acknowledges recognition of the MSBL rules and any deviation of "helmet" requirements (the rule being that all batters and runners must wear helmets at all times) is at their own risk.

I, the Player, have read this release and understand that it is an absolute release and I freely and voluntarily accept its terms and understand it is binding upon me, my heirs, spouse in interest and assigns.

Executed this ___ day of _____, 20__ Player's Birthdate _____

Team Name _____

Player's Name

Street Address, City, State, Zip

Player's Signature

Cell Phone

Emergency Contact: _____

Phone Number: _____