

All Star Baseball Tryouts Waiver Form

This form MUST be signed by every athlete and legal guardian.

In consideration of the Participant being allowed to participate in any way in the State Games of Mississippi athletics/sports programs and related events and activities, the undersigned:

ACKNOWLEDGE AND FULLY UNDERSTAND that the Participant will be engaging in activities that involve risk of serious injury and/or communicable disease, including permanent disability and death, and severe social and economic losses which might result not only from his or 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 or not reasonably foreseeable at this time.

(Includes COVID-19.)

ASSUME all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death.

RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE State Games of Mississippi, Inc. sponsor of the State Games of Mississippi, the National and State Governing Sports bodies, City and County Governments of Lauderdale County, their respective administrators, officers, directors, agents, representatives, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, sponsors, advertiser, and if applicable, owners and lessors of premises used to conduct the event, all of that which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any 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 releasee or otherwise, to the fullest extent permitted by law.

CONSENT to permit and authorize officials of the State Games of Mississippi to seek emergency medical treatment in the event of accident or injury and consent to permit and authorize those providing medical care to perform medical treatment as deemed necessary.

CONSENT to allow Participants picture and/or voice or likeness to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the State Games of Mississippi without compensation.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY.

Participant signature: _____ Date: _____

Printed participant name: _____

Parent/Guardian signature: _____ Date: _____

Printed parent/guardian name: _____