

## O'Keiki Baseball Club Waiver and Release of Liability / Medical Consent

**NOTE:** All Participants/Parents must read and sign this form before participating in O'Keiki Baseball events.

In consideration of being allowed to participate in any way with the O'Keiki Baseball program, I, the undersigned acknowledge, appreciate, and agree that:

1. I risk bodily injury, including paralysis, dismemberment, disability and death, and while particular rules of sport, skills, equipment, and personal discipline may reduce the risk, this risk of serious injury does exist, as well as the risk of damage to or loss of property; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation or if I observe any concern in my readiness for participation, I will immediately bring such to the attention of the nearest official and remove myself from participation; and,
4. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, hold harmless and promise not to sue O'Keiki baseball Club, their officers, officials, volunteers, employees, agents, and/or other participants, sponsors, advertisers, and, if applicable, the lessors of premises used for the activity ("Releasees"), with respect to any and all injury, disability, death, and/or loss or damage to person or property, whether caused by the negligence of the releasees or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law.

I have read this **Release of Liability and Waiver Agreement**, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

### **For Parents/Guardians of Participants of Minority Age (under 18 yrs of age)**

This is to certify that I/we, as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releasees from any and all Liability incident to my/our minor child's involvement as stated above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Legal Guardian Name (Print): \_\_\_\_\_ Emerg. Ph: \_\_\_\_\_

In the event of an accident or other emergency, when a parent or guardian is unavailable, I hereby authorize a member of the O'Keiki Baseball staff to make such arrangements as they consider necessary for my child to receive medical or hospital care and transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event the below-named physician is not available, I authorize such care/treatment be performed by any licensed physician or surgeon.

The undersigned hereby agrees to bear all costs incurred as a result of the forgoing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Home Phone		Doctor Name	
Cell/Alternate Phone		Doctor Phone	
Parent address/city/zip		Preferred Hospital	
<b>Emerg Contact Name</b>		Insurance Carrier	
<b>Emerg Contact Phone</b>		Group Acct No.	

**Please check any limiting factors that apply:**

Wears glasses  Hearing  Asthma  Diabetes List allergies \_\_\_\_\_

Comments \_\_\_\_\_