

I, the parent/legal guardian of \_\_\_\_\_ ("Player"), hereby acknowledge that participation in baseball or softball, as in any sport, may result in accidents and/or injuries, and that protective equipment does not necessarily prevent injuries. Even though I know there are risks involved, I still give my approval for the aforementioned Player to participate in any and all Malibu Little League activities. I expressly assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, absolve, indemnify, and agree to hold harmless the Malibu Little League, and its agents, organizers, sponsors, supervisors, participants, and persons transporting the aforementioned Player to and from such activities, for any claim arising out of an injury to said Player, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident and/or liability insurance provided by Malibu Little League (available at time of registration).

# MEDICAL RELEASE

**To be carried by the MLL Team Manager together with team roster or eligibility affidavit.**

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e., EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Name	Phone	Relationship to Player
Name	Phone	Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (e.g. , Diabetic, Asthma, Seizure Disorder) \_\_\_\_\_

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Completion of the above ensures that medical personnel are apprised of any medical problem, which may affect treatment.

Date of last Tetanus Toxoid Booster:

WARNING: Protective equipment cannot prevent all injuries that a player might receive while participating in Baseball/Softball. Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

**I HAVE READ THE ABOVE WAIVER OF LIABILITY AND DISCLAIMER, MEDICAL RELEASE, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE AFOREMENTIONED PLAYER.**

\_\_\_\_\_  
Authorized Parent/Legal Guardian Signature

\_\_\_\_\_  
Date