

**2017 Stallions Spring Stampede Baseball Tournament
Liability Release Form and Roster Waiver**

The undersigned Manager or Head Coach of the Participating Baseball Team below hereby acknowledges and affirms the following:

Team Name:

Manager/Head Coach Full Name:

Contact Phone Number and Address:

Email Address:

I have chosen to participate in a baseball Tournament hosted by the Stallions Baseball Club (“Stallions”). These tournament games include but are not limited to physical activities such as running, hitting, throwing, sliding and other, strenuous physical activity that may cause permanent injury and/or death to participants. Accordingly, I affirm that all of the Participants have no physical ailments or medical conditions that will be aggravated by participating in such activities. Understanding the foregoing, I assume full and absolute responsibility for any and all risks related to the players involvement in such activities and hereby fully and absolutely release the Stallions, its managers, members, agents and affiliates from any and all liability arising from the Participant’s involvement in these tournament games. I have read and completely understand the forgoing. This document along with any others I have or will execute to effect the engagement with the Stallions constitute the full and entire agreement between me, the Participating Team and the Stallions. No oral statements different than or in addition to the terms of these documents were made to me or the Participants and there are no agreements other than the written words contained therein. ALL QUESTIONS REGARDING THE TOURNAMENT HAVE BEEN ANSWERED TO MY SATISFACITON.

Manager or Head Coach of Participating Baseball Team

Signature: _____

Date _____

Roster Release Form

By executing this document, the Parent or Legal Guardian confirms their agreement to the binding contract above and hereby release the Stallions, its managers, members, agents and affiliates from any and all liability arising from the Participant's involvement in the 2017 Stallions Spring Stampede Tournament.

| Player First and Last Name and Jersey # | Birthdate |
|---|-----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

The undersigned Head Coach/Team Representative affirms that all player names and ages are true and correct to the best of their knowledge and assumes full and absolute responsibility for the above team members listed on this form. Proof of Team Liability Coverage and copies of player birth certificates MUST be present. A player's league age is determined by the actual age of the player as of April 30, 2017.

Head Coach/Manager Print Name: _____

Signature: _____ Date: _____