

HILLCREST YOUTH BASEBALL

Release of Liability
Medical Treatment Permission

I recognize the risks inherent in the sport of baseball. I unconditionally release any and all league, franchised leagues, and their representatives from any and all liability of claims that may result from my child's participation in practices, travel, activities, and games related to regular or post season play.

In the event of illness or injury requiring medical care, I give permission for my child to be transported to a nearby medical facility and to receive treatment. I guarantee payment of all expenses necessarily incurred as a result of transportation or treatment.

Name of player (please print): _____

Signature of parent/guardian: _____

Date: _____

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