

Los Gatos Little League

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I hereby voluntarily permit my child, _____, to participate in Los Gatos Little League.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

Initial Here

In consideration for being permitted by Los Gatos Little League to participate in this activity, I hereby release and hold harmless Los Gatos Little League, volunteers, designated coaches, and program officials and supervisors from any and all liability, and from all actions or claims that I, my child and/or my family now or hereafter have for damages and/or injury to my child, or to any person or property, resulting from the negligence or other acts or omissions by any representative, coach, volunteer and/or board member in connection with or arising out of my child's participation with Los Gatos Little League and attendance at any event or activity associated with Los Gatos Little League. I further agree that this waiver, release, and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold Los Gatos Little League (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to Los Gatos Little League and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Los Gatos Little League and Volunteers to disclose the information contained on the Emergency Medical Card to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur because of such treatment.

Los Gatos Little League does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. Los Gatos Little League also does not provide any medical or other insurance protection.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND LOS GATOS Please see attached docs. LITTLE LEAGUE AND SIGN IT OF MY OWN FREE WILL.

NAME

Date