

# **Tiburon Peninsula Little League**

## **Agreement to Participate, Waiver of Liability, and Consent to Medical Treatment**

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**Player Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Approval to Participate:** I/We, the parents of the above-named player desiring to play baseball on a Tiburon Peninsula Little League ("TPLL") team, hereby give my/our approval for him/her to participate in any and all TPLL activities, including transportation by others to and from the activities.

I/We, individually and on behalf of the player named above, agree to abide by all rules and regulations of the TPLL and Little League Baseball, Inc. Further, I/we agree to return upon request the TPLL uniform and any equipment issued to my/our child in as good condition when received except for normal wear and tear. Should I/we fail to return such uniform or equipment in a timely fashion, I/we agree to reimburse TPLL for the reasonable cost thereof.

I/We understand that my/our child must be eligible under the residence and age regulations of Little League Baseball, Inc. to participate in the TPLL and confirm that the address and date of birth given under the player section of the Registration form is true and correct.

I/We understand this approval to participate in TPLL activities shall remain effective until expressly revoked by me/us in writing.

**Waiver of Liability and Assumption of Risk:** I/We understand and acknowledge that there are potential risks and hazards associated with playing baseball, including serious personal injury and even death. I/We further understand and acknowledge that protective equipment such as batting helmets, catchers' masks, chest protectors, shin guards, etc. do not prevent all injuries to players. I/We, individually and on behalf of the player named above, hereby expressly agree to assume all risks and hazards, known or unknown, that are either directly or indirectly associated with said player's participation in TPLL activities, including risks and hazards associated with transportation to or from such activities. I/We do hereby waive, release, absolve, and agree to hold harmless, defend, and indemnify Little League Baseball, Inc., the TPLL and its organizers, directors, sponsors, managers, coaches, umpires, volunteers, supervisors, spectators, and other players, as well as persons transporting my/our child to and from TPLL activities, with respect to any claim, demand, or lawsuit arising out or in any way related to the above named player's participation in any TPLL activities, whether the result of negligence or for any other cause.

**Consent to Emergency Medical Treatment:** I/We hereby authorize the TPLL, its managers or coaches, as agents of the undersigned, to consent to emergency medical or dental care which is deemed advisable by and is to be rendered by an emergency medical technician, paramedic, licensed physician or dentist. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my/our agent to give specific consent to any and all emergency diagnosis, treatment or hospital care which is deemed advisable in our absence. This authorization is given pursuant to the provisions of Section 6910 of the California Family Code, will be applied to emergency care only, and shall remain effective until revoked in writing.

Parent/Guardian (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_

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

**Emergency Contact**

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_