Port Huron Athletics

2010 Judith A. Meadows Memorial Friendship Tournament

August 6 – 8, 2010

Team Name: _____ Division: _____

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in the Judith A. Meadows Memorial Tournament, the undersigned acknowledges and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Port Huron, Township of Fort Gratiot, County of St. Clair, Port Huron Area School District, Port Huron Athletics team, parents, and board members, tournament directors, sponsors, organizers, supervisors, their officers, officials, agents and/or employees, other participants, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE: By signing this roster, parent or legal guardian agrees to the above statements. This is to certify that I, as parent/legal guardian with legal responsibility fir this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM THEIR NEGLIGENCE.

MEDIA RELEASE: I hereby consent that photographs, audio/videotapes, electronic images and the name of myself and/or minor child may be used by the Port Huron Athletics Federation Baseball Organization including but not limited to, newsletters, internet, publications and newspapers without limitations and I hereby release all my rights and/or Minor's rights to the aforementioned. I hereby consent that the Port Huron Athletics Federation Baseball Organization has rights to publish, reproduce, distribute and make other uses for outlets relating to their organization free from all claims and/or damages that I or the minor may incur.

PLAYER	DATE OF BIRTH	PLAYER SIGNATURE (If 18 Years of Age) OR PARENT/GUARDIAN SIGNATURE OF MINOR	DATE

TEAM MANAGER'S AFFIDAVIT **- I, the manager of the above team, do hereby state that all of the information supplied is correct to the best of my knowledge and that all of the parents or guardians signed the above in their own handwriting.**

MANAGER'S SIGNATURE: _____ **DATE:** _____