



**Norwood Diamond Club
Fall Baseball League
Waiver of Liability**

Player Name: _____ Date of Birth: _____

Home Address: _____ Phone #: _____

Please read and sign the following Release.

I, the parent or legal guardian of the above named Player hereby give my consent and approval to the Player's participation in any and all activities associated with the Norwood Diamond Club's 2015 Fall Baseball League. I assume all risks hazards incidental to the conduct of such activities including transportation to and from such activities.

I understand that participation in a contact sport such as baseball involves risk and I do release absolve, indemnify, and hold harmless the Coaches, Organizers, Sponsors, Supervisors, and Volunteers of the Norwood Diamond Club, any and all of them, from any expense-medical, dental, or other- or any liability resulting in accidents. I also agree to extend this waiver of all claims and responsibility to the owners and operators of all playing fields upon which games and or practices are conducted.

Furthermore, I also agree to extend this waiver of all claims and responsibility to any person(s) transporting the Player named above to and from any and all related activities including games, practices, and other events. I also agree to inform the coaching staff of any and all physical conditions that may increase the risk of injury or hinder the performance of the Player named above from time as they may occur.

In case of an injury to the Player named above I agree to waive all claims against the Norwood Diamond Club, it's Directors, Coaches, Supervisors, Sponsors, and Volunteers, any and all of them. Further, I understand that, in the event of accident, injury, or illness to this Player the Norwood Diamond Club will make a reasonable effort to contact me prior to the child receiving medical attention. However, if contact cannot be made or medical care must be rendered before contact can be made or attempted I authorize and approve the provision of the medical care to Player named above.

I also agree to assume complete financial responsibility for any personal injury or property damage created by intentional or negligent act of the above named Player while participating in the year 2015 Fall Baseball League.

Parent(s)[guardian(s)] signature: _____

Witness signature: _____ Date: _____