

PARENT Print Name

Kensington Valley Baseball and Softball Association 2024 Player Waiver

Player Name:	Team:
Street Address:	Team Age: 8U 9U 10U 11U 12U 13U 14U 15U 16U 18U
City / Zip:	Player's Age on April 30, 2024 :
	y in the Kensington Valley Baseball and Softball Association (KVBSA) er and undersigned acknowledges, appreciates, and agrees that:
 The risk of injury and/or illness to the Player from the activitie permanent paralysis and death, and while particular rules, equip njury does exist; 	s involved in the sport is significant, including the potential for oment, and personal discipline may reduce the risk, the risk of serious
communicable diseases, including but not limited to COVID-19	ave been exposed to and/or have been diagnosed with one or more or other medical conditions, diseases, or maladies does exist, and it is become infected through contact with or close proximity with an
HEREBY RELEASE KVBSA, their officers, officials, agents and	r's and my heirs, assigns, personal representatives and next of kin, /or employees, other participants, sponsoring agencies, sponsors, es used to conduct the event ("Releasees"), WITH RESPECT TO ANY amage to person or property, WHETHER ARISING FROM THE
	ms and conditions for participation. If, however, I observe any unusual move Player from participation and immediately bring such hazard to
narmless, KVBSA, including all of its officers, officials, agents an advertisers, and if applicable, owners and lessors of the premise KVBSA, against any and all claims, demands, suits, or loss, includes, and for any damages which maybe asserted, claimed, or reand/or employees, other participants, sponsoring agencies, spopremises used to conduct the event, and any others working on	behalf of KVBSA, by reason of personal injury, including bodily injury or hich arise out of or are in any way connected with or which are alleged
	LESS, AND ASSUMPTION OF RISK AGREEMENT. I FULLY VEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN SOCIATED WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY
associated with this guardian account, 2) that the date of birth of parent/legal guardian with legal responsibility for this Player, I corograms; and 4) that I specifically agree on behalf of Player to and, for myself, my heirs, assigns and next of kin, I release and	d verify the following: 1) I am the parent or legal guardian for the Player f the Player associated with this guardian account is correct, 3) that as consent and agree to assume the risks of Player's participation in these the release and hold harmless as provided herein of all the Releasees, agree to indemnify the Releasees from any and all liabilities incident to provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE
PARENT Signature	DATE:
Electronic signatures are only acceptable if verified b	y an e-sign service such as Adobe or DocuSign