



# CENLA FALL BALL



## *Individual Waiver*

Date	
Parents Name	
Email	
Mobile #	
Home or Other #	
Address	
Ball Players Name	
Ball Players Date of Birth	
Age Group (Circle One)	4-6      7-8      9-10      11-12      13-14
Team Name	

\*I/We, the parents and/or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause except to the extent and in the amount covered by accident and liability insurance.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*