



back2backtraining.com | 3596A George St. Highland, IL 62249 | 618.882.4243

Emergency Medical Release & Liability Waiver

Athlete's Name: _____ DOB: _____
Address: _____ City/State/Zip: _____
E-mail: _____
Guardian's Name: _____
Phone: _____ Alternate Phone: _____

In case of an emergency, when guardians cannot be reached, please contact:
Name: _____ Phone: _____

This authorization for emergency medical treatment must be completed BEFORE an athlete may participate in activities associated with Back-2-Back Baseball & Softball Training, Inc. Treatment for injuries will be based on the information provided herein.

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and sever social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Back-2-Back Baseball & Softball Training, Inc., its affiliated organizations and sponsors, their coaches, managers, employees, and associated personnel officers, directors agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as release from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said release because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the release.

I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

Guardian (printed) Name: _____
Guardian Signature: _____ Date: _____