

Waiver, Consent and Release Form

I understand that participation in this event may result in serious injuries and illnesses. I hereby waive, release, indemnify and agree to hold harmless the coaches, volunteers, trustees and all other persons affiliated with the Versailles Youth Baseball Association (VYBA) from any claim(s) arising out of any injury or illness to myself or my child whether the result of negligence or for any other cause. I also agree that I and my child will abide by the rules and regulations of the VYBA and acknowledge receiving a copy of the same. I understand that I may purchase health and accident insurance coverage with a local agency at my expense, but said coverage is not mandatory to participate in the program.

Player/Child

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date