# 2026 Merton Mayhem Tournament Authorization and Liability Waiver Form

Team: _____ Age/Grade Bracket: _____

Head Coach:_____ Phone (best # during event): _____

Secondary Contact:_____ Phone (best # during event): _____

This is to certify that I, as parent or legal guardian of the below named player on the _____ softball team, grant permission for the child to participate in the Merton Mayhem Tournament on May 9th and 10th 2026. By signing, I agree to grant permission to the adult managers and coaches of the team to obtain medical care from any licensed physician, hospital or medical clinic for my child/player listed herein at such times that I, as parent or legal guardian, cannot direct care in person. This authorization shall include all team activities, games and travel to and from those activities. Further by signing, I do hereby waive, release, absolve, indemnify and agree to hold harmless the Merton Athletic Association, Village of Merton, Merton School District, MAA officers, directors and volunteers; the organizers, supervisors, officials, game fields, participants and persons transporting to and from those activities, for any claim arising out of any injury to my child/player listed as a result of participation or attendance at the Scrimmage.

| **Player Name;** | **Parent/Guardian Signature;** | **Date** |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |

By signing below, I certify that the above list of players represents all the participating players on our team and that parent / guardian signatures and dates are authentic.

Signature/Date of Team Coach or Manager: _____