

**Federal Way Knights Baseball Club 2018-2019**  
**Consent to Medical Treatment & Waiver/Release of Liability**  
*(Read before signing)*

PLAYER'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE# ( ) \_\_\_\_\_

PARENT/GUARDIAN NAME (S) \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

PARENT/GUARDIAN STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE# ( ) \_\_\_\_\_

PARENT/GUARDIAN EMPLOYER \_\_\_\_\_

WORK PHONE # ( ) \_\_\_\_\_ CELL PHONE# ( ) \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

RELATIONSHIP TO PLAYER \_\_\_\_\_ EMERGENCY # ( ) \_\_\_\_\_

MEDICAL PROVIDER \_\_\_\_\_ MEDICAL POLICY # \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

ALLERGIES OR MEDICATIONS \_\_\_\_\_

DENTAL PROVIDER \_\_\_\_\_ DENTAL POLICY # \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

**Consent to Medical Treatment**

I, the parent or guardian of the above named child, authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safe guard my child's health and I waive my right to informed consent to such treatment.

SIGNATURE (PARENT OR GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

**Waiver/Release of Liability**

In consideration of being allowed to participate in practices, games, events and other activities associated with or in any way related to the Federal Way Knights Baseball Club (the "Club") including but not

limited to travel to and from a given site, off site travel to other events and activities not affiliated with the Club (“Club Activities”). I hereby voluntarily release waive, discharge and covenant not to sue the Club, its officers, directors, managers, coaches, agents, representatives, organizers, sponsors, participants and volunteers (hereafter, “Releasee”) from any and all liabilities, claims, actions, demands, costs or expenses of any nature whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child, or to any property belonging to me or my child, whether caused by the negligence of the Releasee, or otherwise. I hereby voluntarily waive any and all claims that may be made by me, my spouse, my family, estate, heirs or assigns resulting from negligence, both present and future.

Further, I am aware that baseball is a vigorous team sport that at times involves severe cardiovascular stress and violent physical contact. I understand that baseball involves certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and injury to virtually all bones, joints, muscles and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that baseball involves a particularly high risk of ankle and knee injury. To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity which would place my child at risk to participate in any way with the Club Activities. I have been informed that participation in Club Activities may be at sites that are remote from available medical assistance and there may be possible reckless conduct from other participants. I am voluntarily participating in all Club Activities with full knowledge of the possible dangers involved and hereby agree to accept and assume full responsibility for any and all risk of loss, property damage, personal injury or death, that may be sustained by me or my child, or to any property belonging to me or my child, whether caused by the negligence of the Releasee, or otherwise.

I hereby agree to indemnify and hold harmless the Releasee from any and all liabilities, claims, actions, demands, costs or expenses of any nature whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child, or to any property belonging to me or my child, whether caused by the negligence of the Releasee, or otherwise.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Washington and agree that if any portion is held invalid, the remainder of the waiver will continue in full force and effect. I further agree that the venue for any legal proceeding shall be in the State of Washington.

**I affirm that I have read and fully understand the content of the above Waiver & Release Liability and I am freely signing this agreement, and that I am giving up my legal rights and/or remedies which may be available to me for the negligence of the Releasee, as defined above.**

**SIGNATURE (PARENT OR GUARDIAN)\_\_\_\_\_ DATE\_\_\_\_\_**