

THIS MUST BE COMPLETED, SIGNED AND RETURNED TO THE COACH OF THE PLAYER'S TEAM IF PARENTS WISH TO WAIVE THE REQUIREMENT FOR MINOR LEAGUE PLAYERS TO WEAR A SAFETY VEST AND HELMET WITH A SAFETY SHIELD WHEN BATTING.

MINOR LEAGUE SAFETY EQUIPMENT WAIVER

I, the parent or legal guardian of _____,
agree to the terms and conditions of the following:

I hereby give my approval for the above named child to **NOT** use the batting safety vest and/or batting helmet with safety shield suggested for use by the HFL - Mendon Youth Baseball League.

I also waive, release, absolve, indemnify and agree to hold harmless Honeoye Falls-Mendon Youth Baseball League Inc. (d/b/a HFL – Mendon Youth Baseball League), it's officers, board members, sponsors, supervisors or participants for any claim arising out of injury to the above named child sustained while not wearing the above mentioned safety equipment.

NAME: _____

ADDRESS: _____

PHONE NO: () _____

RELATION TO PARTICIPANT: _____

SIGNATURE (Parent or Legal Guardian)

DATE