

WALPOLE YOUTH BASEBALL FOUNDATION
2025 Waiver and Permission Form

I, _____, wish to have my child, _____, (the "Child") participate in the sporting events, practices and other activities (collectively, the "Activities") associated with the mission of the Walpole Youth Baseball Foundation (the "Foundation"). In consideration of the Child's participation in the Activities, I, on behalf of me and the Child, agree to release the Foundation, its Trustees, directors, officers, employees, and agents (collectively, the "Representatives") from any and all liabilities whatsoever arising or which may arise by reason of the Child's participation in the Activities, including, but not limited to and without limitation, any claims due to personal injury or property damage resulting from and/or arising out of the negligence of the Foundation or any of its Representatives. I agree that in the event of any personal injury or property damage resulting from the Child's participation in the Activities, we will hold the Foundation harmless.

Further, I also agree to release the Representatives from any and all liabilities whatsoever arising or which may arise by reason of the Child's transportation to and from the Activities, including personal injury and property damage, wherever they may occur. I agree that in the event of any personal injury or property damage resulting from the Child's transportation to or from the Activities, we will hold the Foundation harmless.

Should the Child suffer injury or illness while participating in the Activities, I authorize any Representative of the Foundation, including any parent, staff person, or other designee of the Foundation accompanying the Child, to authorize such medical attention for the Child as may be deemed appropriate by such Representative of the Foundation in the circumstances. I agree to bear the costs of all medical care and procedures required by the Child and to maintain appropriate medical insurance coverage for the Child while he or she participates in the Activities. To facilitate such medical care, I agree to complete and submit to the Foundation the attached Emergency Medical Treatment Form.

I, on my own behalf and on behalf of the Child, hereby release the Foundation and its Representatives from any claim arising out of any medical treatment the Child may require, including but not limited to any personal injury or property damage resulting from and/or arising out of the negligence of the Foundation or any of its Representatives. This release is intended to include any medical treatment provided by the Foundation's Representatives.

In case of an emergency, I can be reached at the following number(s): _____

Signature of Parent(s) or Legal Guardian

Address

Date

Please list one additional emergency contact:

Name (Please Print)

Telephone No.

Please attach information regarding any health conditions of the Child that need to be considered during the Activities. If the Child will need any medications during the Activities, please complete the attached Medication Waiver Form.

THIS IS NOT A SCHOOL SPONSORED PROGRAM
MUST BE A RESIDENT OF WALPOLE OR NORTH WALPOLE TO PARTICIPATE