PARTICIPATION AUTHORIZATION AND MEDICAL RELEASE FORM

All sports, including BASEBALL pose a risk of severe physical injury to the participants. In the event of a medical emergency resulting from an injury of illness, the instructor/coaches will endeavor to obtain medical treatment for your child. However, **WORLD BASEBALL FEDERATION, TAMIAMI PARK, BROTHERS TO THE RESCUE, GRAPELAND, FLORIDA INTERNATIONAL UNIVERSITY, ST. THOMAS UNIVERSITY, FLORIDA MEMORIAL** and its employees and agents cannot assume responsibility for acts or omissions of third parties who are called to render treatment. I recognize the hazards with my child's participation in the BASEBALL activities. I give consent for my child to be rendered emergency medical treatment in the event of injury or illness and agree to be responsible for all costs associated with said treatment. I hereby waive, release, absolve, indemnify and agree to hold harmless **WORLD BASEBALL FEDERATIOIN, TAMIAMI PARK, BROTHERS TO THE RESCUE, GRAPELAND, FLORIDA INTERNATIONAL UNIVERSITY, ST. THOMAS UNIVERSITY, FLORIDA MEMORIAL** and all employees thereof: participants, persons transporting the participants to and from activities; and any individual, group, organization or corporation under contract with **WORLD BASEBALL FEDERATION, IT'S SPONSORS, CITY OF MIAMI, VOLUNTEERS AND PARTICIPATING TEAMS** for any claim arising out of any injury of illness to the participant.

AGE: _____ TEAM NAME: _____ COACH SIGNATURE: _____

Player's Name	Player's Address	City	DOB	Parent/Guardian Signature	E-mail Address