Tryout Waiver

Player Name:	_ Age:	Position(s):
Player address:	188	H Phone:
M/F Name(s):	En	nergency Contact Name:
M Email:	F email:_	Permit III Berning
M/F Cell:En	nergency Col	ntact #:
Tryout Date(s): Sept 19 th Scarborough Sept 29 th Whitby	, Sept 2	20 th Whitby, Sept 29 th Whitby and
Release waiver and liability		
The participant understands that he/she attending the programs and using Ontario Giants Baseball Club and the facilities does so, at his/her own risk. The Ontario Giants baseball club and its staff shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He does hereby fully and forever release discharged hold harmless Ontario Giants Baseball Club, all associated facilities and its staff from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Ontario Giants Baseball Club to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. Photography, Pictures and likeliness: I do hereby authorize Ontario Giants Baseball Club and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films. I have read, understand and am in agreement with the above terms and conditions: Intital		
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Parent/Guardian Signature:		