



RELEASE OF LIABILITY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Event/Team Name/Coach: \_\_\_\_\_

I hereby consent to allow my son/daughter to participate IN/Off-season baseball/softball practice and/or special events on and off Laguna Little League (L.L.L) premises. I also consent to not hold L.L.L. or any of their volunteer members responsible for any injury or illness to my son/daughter. I understand that L.L.L. is a volunteer organization and I will not pursue any legal action against L.L.L or any volunteer member of this program due to injury, illness, or death of my son/daughter while on premises or with L.L.L. off premises.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print \_\_\_\_\_