

**Oregon Fall League presented by Salem Baseball Academy
Individual Participation Waiver**

(Note: Submit signed waiver for each participant; copy as needed)

I authorize Salem Baseball Academy to act for me and arrange emergency attention if case of injury. Responsibility for treatment is covered by family insurance. The undersigned acknowledges that attendance and participation in the Oregon Fall League involves a certain risk and accepts full responsibility for those risks including COVID-19. In consideration of being permitted to participate, the undersigned agrees that neither the Academy or its agents, shall be liable on account of any claim arising out of personal injury, illness or death suffered by the undersigned while at attendance at a sponsored Salem Baseball Academy activity. For consideration aforesaid, the undersigned waives, releases, and discharges any and all claims, whether anticipated or unanticipated including without limitation claims based on acts of Salem Baseball Academy or any agent of Salem Baseball Academy.

Insurance Company: _____

Policy #: _____ Group #: _____

Subscriber Name: _____

Insurance Company Phone #: _____

Parent Contact #: _____

Parent Address: _____

I/We hereby waive and release Salem Baseball Academy or its agents, heirs and assigns, from any and all liability out of or in connection with and participation in the Oregon Fall League.

Parent Signature

Player Signature

Date: _____, 20____