



Kirkwood Athletic Association- Team Roster

Release and Waiver- Power of Attorney for Consent to Medical Care on back page

 Baseball
 Softball
 Check one

Manager's Name	
Mobile #	()
Mailing Address	

Team Name:	
Division of Play	<input type="checkbox"/> American <input type="checkbox"/> Continental <input type="checkbox"/> National
Division's DOB Cut Off Date (MM/DD/YY)	_____ U / /

	Player's Name	D.O.B. MM/DD/YY	Parent Signature	ZIP
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I certify that I was present and did witness the signatures above and that they are valid.

Manager Signature: _____

Date: ____//____//____

Manager Name: (printed) _____

MM/DD/YY



Release and Waiver

The Undersigned, being the Parent and/or Legal Guardian ("Undersigned"), of the Player named below, as inducement for, and in consideration of, the agreement by the Kirkwood Athletic Association ("KAA") that the Player may participate in athletic activities organized and sanctioned by the KAA, hereby covenants and agrees that the KAA, its directors, officers, employees, assigns and agents shall not be liable in any way for any personal injuries, damage to property or for any and all medical or other expenses, of any kind, incurred as a result of Player's participation in athletic activities. The Undersigned hereby fully releases, discharges and covenants not to make demand for payment or sue the KAA, its directors, officers, employees, assigns and agents as the result of any and all claims, demands, damages, legal fees, rights of action, or causes of action, now or in the future, whether known or unknown, anticipated or unanticipated, resulting from or arising out of, in any way, Player's preparation for, or participation in, any such athletic activities. The Undersigned acknowledges and assumes full responsibility for, and risk of, participation in or preparation for participation in, any such athletic activities, which may, or do, result in personal injury and/or damage to property, as well as any and all medical or other expenses incurred as a result of Player's participation in, or preparation for, such athletic activities.

This Release and Waiver shall be binding upon all parties, including, but not limited to, the relatives, heirs, executors, administrators, or assigns of the Undersigned and/or Player. By signing this Release and Waiver, the Undersigned acknowledges he/she has read and fully understands this Release and Waiver.

Power of Attorney for Consent to Medical Care

In the event the Undersigned, being the Parent and/or Legal Guardian of the Player, is unable or unwilling to provide consent to medical treatment for the Player named below, he/she hereby authorizes KAA to consent to any type of medical care that KAA deems appropriate, given the circumstances, and which is deemed necessary and appropriate, including, but not limited to, treatment for fractures, burns, lacerations, abrasions, sudden loss of consciousness, heat related conditions, surgery, blood transfusions and the administration of drugs.

In order to assure the Player receives prompt medical care and treatment when necessary, the Undersigned hereby releases any healthcare provider who provides such medical care or treatment to Player in reliance upon this Power of Attorney, from any and all claims of any kind, including but not limited to, any cause of action, and liability, arising out of, or with respect to, said treatment. This Power of Attorney is effective as of the date indicated below and is valid for one calendar year from said date.

Important Notice and Disclosure Regarding Background Checks

The Undersigned, being the Parent and/or Legal Guardian of the Player named below, has been informed through this Release and Waiver that the KAA does NOT perform background checks or verify, in any manner, the character of the managers, coaches, volunteers or other team-related individuals who may interact with the Player. It is the Undersigned's responsibility to ensure the Player's safety and security with respect to interactions with managers, coaches, volunteers or other team staff, while participating in, or preparing for, athletic activities directly or indirectly associated with the KAA.

By signing below, the Undersigned agrees to hold harmless the KAA, it's officers, employees, agents and assigns for any and all claims, of any nature whatsoever, resulting from directly, or indirectly, inappropriate and/or illegal activities or conduct involving managers, coaches, volunteers or other team-related individuals who may interact with Player.

Manager Signature: _____

Date: ____//____//____

Manager Name: (printed) _____

