

Think Pink Baseball Tournament

Liability Release Form and Roster Waiver

The undersigned Manager or Head Coach of the Participating Baseball Team below hereby acknowledges and affirms the following:

Team Name: _____

Manager/Head Coach Name: _____

Player Name: _____

Address: _____

Contact Phone: _____

Coach Email Address: _____

"I have chosen to participate in DiamondZone's Summer Slugfest Baseball Tournament which is hosted by the following towns: Wallingford, North Haven, Hamden, and Meriden. These tournament games include but are not limited to running, hitting, throwing, sliding and other, strenuous physical activity that may cause permanent injury and or death to participating players. Accordingly, I affirm that all of the Participants have no physical ailments or medical conditions that will be aggravated by participating in such activities. Understanding the foregoing, I assume full and absolute responsibility for any and all risks related to the Player's involvement in such activities and I hereby fully and absolutely release Town of Wallingford, Town of North Haven (North Haven High School), Town of Hamden and the Town of Meriden, as well as the Tournament Directors, managers, members, agents and affiliates from any and all liability, including active negligence, arising from the Participant's involvement in these tournament games. I have read and completely understand the foregoing. This document along with any others I have or will execute to effect the engagement with Town of Wallingford, Town of North Haven, Town of Hamden and Town of Meriden constitute the full and entire agreement between me, my Participating Team and the above mentioned towns. No oral statements different than or in addition to the terms of these documents were made to me or the Participants and there are no agreements other than the written words contained therein. ALL QUESTIONS REGARDING THE TOURNAMENT HAVE BEEN ANSWERED TO MY SATISFACTION."

Manager or Head Coach of Participating Baseball Team:

(Print Name)

Manager/Head Coach's Signature: _____

Date: