

2019 BASEBALL CITY WORLD SERIES – TEAM ROSTER FORM

TEAM NAME: _____

AGE GROUP: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

In consideration of my participation in the 2019 Baseball City World Series event (hereinafter referred to as the "Event") the undersigned agrees to assume the risks inherent and/or incidental to such participation and use (which risks may include, among other things, muscle injuries, broken bones, head trauma and even death). I acknowledge that I have or will inspect the facilities and equipment to be utilized in conjunction with the Event and, if I believe any unsafe condition exists, I will immediately advise and Event official of such condition and will refuse to participate until such condition is corrected. I hereby release, covenant not to use, and forever discharge St. Petersburg Baseball Commission, Inc.(DBA Baseball City St. Pete), its officers, employees, directors, sub-contractors and agents (collectively the "Related Parties"), of and from all liabilities, claims, actions, damages, costs, or expenses, of any nature arising out of or in any way connected with my participation in such activities, and further agree to indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses including but not limited to, all attorney's fees and disbursements up through and including and appeal. I understand that this Release and Indemnity Agreement includes any claims based on negligence, action of inaction of any of the above Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise suffered before, during or after such participation. I further authorize medical treatment for myself, at my cost, if the need arises. I also understand that I may be required to leave the Event venue should I exhibit undesirable conduct.

	<u>PRINT THE PARTICIPANT'S NAME</u>	<u>DATE OF BIRTH</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE, ZIP</u>	<u>PARENT/GUARDIAN SIGNATURE</u>
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TEAM MANAGER AFFIDAVIT: As the Manager of this team, I guarantee to the best of my knowledge that the above information is correct and that all of the players, parents/guardians signed this form in their own handwriting and acknowledge that each player is eligible to play for my team.

TEAM MANGER: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

TEAM MANAGER SIGNATURE: _____