



2017 Virginia Commonwealth Games at Liberty University

High School All Star Baseball Participant Form for Tryout

Be sure to sign the waiver

Team Name

Region (check one): ☐ West ☐ East
 ☐ North ☐ Central

Athlete Information:

First Name

Last Name

Gender

Email Address

Address

City

State

Zip

Phone number

Birthday

Age

School

Position

Last grade completed

Coach

Don't forget to sign the waiver on the second page

Release and Waiver of Liability

I am aware that during my participation and attendance at the Virginia Commonwealth Games at Liberty University ("Games") and related services and activities, Virginia Amateur Sports, Inc and its agents, employees and associates ("Sponsor") will be providing various facilities and arrangements for the Games, and that certain risks and dangers may arise, including but not limited to hazards inherent in the sport (s) in which I will be training, preparing or competing; negligent or other careless acts and omissions by other participants, spectators and the Sponsor; and hazards or dangerous conditions of the facilities and grounds used as a part of the Games. Participant includes players, coaches, managers, staff members, team workers, referees, officials, scorekeepers, and all other personnel including but not limited to media personnel permitted to enter any restricted areas which are defined as those areas restricting access to general public spectators.

In consideration of the acceptance of my entry by the Sponsor and the right granted to me to participate in and attend the Games and related activities, I do hereby assume all the above risk, and agree that, in the event of an injury to me as a result of an accident which occur during my involvement and participation of the Games, my recovery against the Sponsor, shall be limited to a claim for medical expenses incurred as a result of the injury, and only to the extent that such medical expenses are not otherwise covered or paid by my insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present my claim for the personal injury to the Sponsor within six (6) months from the date of injury; if I fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports, Inc. permission to use likeness, voice, and words in television, radio, film, or in any form to promote activities of the Virginia Commonwealth Games at Liberty University. I also understand that there will be no refunds.

Participants Signature _____

Print Name: _____ Date: _____

(Following portion pertains only to parent or guardian of a participant who is 17 years of age or younger)

I have read and consent to the above limitations on recovery and agree on my and my child's behalf that any recovery against the Sponsor for injury arising as a result of an accident which occur during my child's involvement and participation in the Games, should said injury occur due to the negligence of the Sponsor, shall be limited to a claim for medical expenses incurred as a result of said injury, and only to the extent that such medical expenses are not otherwise covered or paid by my child's insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present any claim for personal injury to my child to the Sponsor within six (6) months from the date of injury; if I or my child fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my child's entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent that my child receive and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports. Permission to use my child's likened, voice, and words in television, radio, film, or in any form to promote activities of the Virginia Commonwealth Games at Liberty University. I also understand that there will be no refunds.

Parents/Guardian Signature (If participant is 17 years of age or younger)

Signature: _____

Print Name: _____ Date: _____