



Applicants Full Name: _____

AR STARS BASEBALL WAIVER:

I/We, the parents/guardians of the above mentioned candidate for a position on the AR Stars Baseball Travel Team, hereby give my/our approval to participate in any and all AR Stars activities, including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the AR Stars organization, coaches, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and amount covered by accident and liability insurance.

PERMISSION TO PROVIDE MEDICAL TREATMENT

I/We, the parents/guardians of the above mentioned applicant give permission for our son to undergo medical treatment for any injury or illness he may sustain or acquire while engaged in any AR Stars activities. In the event that a serious medical procedure(s) is/are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem

I/We have had the opportunity to ask questions regarding this release and all of my/our questions have been answered to my/our satisfaction. Having understood the above agreement, I/We freely sign this Permission to Provide Medical Treatment Agreement and AR Stars Baseball Waiver.

X _____
Parent or Legal Guardian's Signature

Date

X _____
Parent or Legal Guardian's Signature

Date