



# Sonoma County Cagers Release of Liability Form.

Players Name \_\_\_\_\_

Event Name \_\_\_\_\_

As the parent(s)/legal guardian(s) of the above child(ren), I/we give my/our approval for said child(ren) to participate in any and all Sonoma County Cagers activities, including transportation to and from the activities. I/We understand that participation in Sonoma County Cager's activities may result in serious injuries and/or bodily harm and that protective equipment does not prevent all injuries to players. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Sonoma County Cagers, each and all of their officers, members, sponsors, participants, coaches, and persons transporting my/our child(ren) to and from activities for any claim arising out of any injury to my/our child(ren) and myself, however caused, during the course of any and all Sonoma County Cager activities, including, but not limited to, practice sessions, games, and/or travel to said activities.

I/We also hereby certify that my child(ren) has/have received a physical examination by a licensed physician and has/have been found to be physically capable of participating in the program.

I/We hereby give my consent to have the coach, assistant coach, or trainer of the team on which my child(ren) is registered to act as my surrogate to have an athletic trainer and/or doctor of medicine or dentistry provide my child(ren) with medical assistance and/or treatment until such time as I can be contacted in the event of an accident, injury, sickness, etc. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child(ren).

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_