



**San Diego Longhorns Baseball Club**

11442 Ann Arbor Ln  
San Diego, CA 92131

\_\_\_\_\_ (Player) and \_\_\_\_\_  
(Parent/Guardian Name(s) (hereinafter “Parent(s)/Guardian(s)”) acknowledge and agree there are risks and hazards involved with the player’s participation in baseball activities. Player and Parent(s)/Guardian(s) acknowledge and agree that Player is voluntarily participating in baseball activities and are doing so at their own risk. Player and Parent(s)/Guardian(s) acknowledge and agree that instruction, precaution, or supervision will not completely eliminate the possibility of injury to the Player when practicing, conditioning, or playing the game. By granting permission to the Player, Parent(s)/Guardian(s) allow the Player to participate in any and all San Diego Longhorns activities. In case of emergency, Parent(s)/Guardian(s) hereby authorize the Player to be treated by licensed and certified emergency personnel (i.e. EMT, First Responder, E.R. Physician). We will make every attempt to contact parent first. In the event parent cannot be reached, parent(s) authorize the San Diego Longhorns staff to have the player treated. Parent(s)/Guardian(s) assume all risks of injury during participation and including transportation to and from any and all Longhorns Baseball activities. In addition, Parent(s)/Guardian(s) waive, release, and hold harmless the San Diego Longhorns organization, its coaches, its officials, its sponsors, its personnel, persons responsible for facilities used by the organization, volunteers , from any and all claims arising out of participation by the Player. Parent(s)/Guardian(s) acknowledge and agree the Player is healthy and physically able to participate in any and all San Diego Longhorns activities. Parent(s)/Guardian(s) assume full financial responsibility for any medical treatment of the Player.

Parent Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group ID#: \_\_\_\_\_

Please list any allergies/medical conditions \_\_\_\_\_

Parent(s)/Guardian(s) acknowledge that you have completely read this Medical and Liability Release Form and fully understand that it is a release of liability. Parent(s)/Guardian(s) are waiving any right that you may have to bring legal action or assert a claim against the San Diego Longhorns organization by reason of the participation of the Player in baseball activities.

Player’s Name: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ Date \_\_\_\_\_