



## **CYCLONES ORGANIZATION PARTICIPANTS' WAIVER / RELEASE FORM CONSENT FOR MEDICAL CARE, RELEASE, ASSUMPTION OF RISK AND WAIVER**

In consideration of being allowed to participate in any way with the Sioux Falls Cyclones Organization, including practices, baseball/softball games or related events or activities, or use any equipment or facilities in connection therewith, the undersigned acknowledges, appreciates, and agrees as follows:

1. As a parent / legal guardian of the listed player, I hereby give consent for emergency medical treatment or action deemed necessary by anyone present in order to ensure that the most immediate treatment can be obtained. This treatment may be given under whatever conditions are necessary in order to preserve the life or well-being of this player.

2. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND DISCHARGE, INDEMNIFY AND HOLD HARMLESS the Sioux Falls Cyclones Organization and their respective officers, coaches, agents, families, heirs and any other persons or entities acting with them or on their behalf (the "Released Parties") against all claims, demands and causes of action relating to injury, disability, death or other harm to person, property or both; arising in connection with any activities or participation in the baseball program, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

3. I have been informed of and am aware of and assume all risks and damages incidental to and inherent in sporting activities and events, and specifically baseball/softball, including but not limited to the danger of being injured by bats, or hit or thrown balls. The risk of injury from activities involved in the program is significant, and while the particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES or others. I assume full responsibility for my participation and I WAIVE ALL CLAIMS AGAINST THE RELEASED PARTIES.

4. I understand that I am solely responsible for any costs or damages arising out of any bodily injury, property damage, medical expenses, or medical evacuation expenses sustained through my activities or my child's participation in any activities in connection with the Sioux Falls Cyclones Baseball/Softball Organization.

Print Name of Participant: \_\_\_\_\_

Signature (If participant is a minor, Date must be signed by parent or legal guardian)

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