



Medical Release

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger the life of the player, cause a disfigurement, physical impairment, or undue discomfort if treatment is delayed. This authority is granted only after a reasonable effort has been made to reach me.

Reason for which release is intended: Softball/Baseball practice, tournament(s), or other team function where parent and/or guardian is not present.

Name of Minor _____

Relationship to you _____

Address of Minor _____

Physician _____ Phone _____

List of allergies, medications, glasses/contacts, and other pertinent medical information:

Emergency Contact _____

Emergency Contact Phone _____

Waiver of Liability

I understand that participation in all activities of the Havoc Sports organization carries certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss that may be sustained by my family, child or I as a result of participation in any activities connected with the Havoc Sports organization's program.

I also agree to indemnify, hold harmless and defend the Havoc Sports organization and all of the coaches, managers or staff from any and all claims resulting from injuries, including death, damages and losses sustained by my family, child or I and ensuing out of, connected with, or in any way associated with the activities of the Havoc Sports Organization.

Signature of Parent or Guardian

Date