

**LIABILITY RELEASE AND COVENANT NOT TO SUE**

I, the Parent/Guardian [print full legal name of Parent/Guardian] \_\_\_\_\_

at address: \_\_\_\_\_ request that the person(s) listed below ("Participant") be granted permission to participate in the following activity: 202\_\_ Jackson Center Summer Youth Baseball/Softball League ("Activity").

Indicate below Participant: Name (print), address (if same as above indicate "same")

- 1. \_\_\_\_\_

I understand the risks inherent in this Activity. I understand the Participant's safety depends on Participant's own good judgment, adequate preparation, and constant attention.

In consideration of Participant being permitted to participate in this Activity, I the undersigned do hereby release, waive, forever discharge and covenant not to sue the Jackson Center Schools, the Jackson Center Athletic Boosters, and the Jackson Center Youth Sports Organization, including but not limited to any of their trustees, officers, agents and employees, any Coaches, Umpires, Managers or members of any sponsoring organization ("Releasees") from and against any and all liability for any harm, injury, claims, damage, actions, causes of actions, costs and expenses of any nature which Participant may have or which may hereafter accrue to Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Participant or by any property belonging to Participant, whether caused by the negligence or carelessness of the Releasees, or otherwise, while participant is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted. It is my express intent that this Liability Release and Covenant Not to Sue Agreement ("Agreement") shall bind the members of Participant's family, estate, heirs, administrators, personal representatives or assigns.

I understand and agree that Releasees may not have medical personnel available at the location of the Activity. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary and that such action by Releasees will all be subject to the terms of this Agreement not to sue. I understand that the Releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

In signing this Agreement, I acknowledge that I have reviewed and understand what the above means and that this document is signed as a free act and deed. I further state that there are no health-related reasons or problems which preclude or restrict the Participant's participation in this Activity and that Participant has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to Participant. I further agree that this Agreement will be construed in accordance with the laws of the State of Ohio.

I, Participant's Parent or Guardian, further state than I am fully competent to sign this Release and Covenant Not to Sue Agreement and that I execute this Release for full, adequate, and complete consideration fully intending for myself, for Participant, and Participant's family, estate, heirs, administrators, personal representatives or assigns to be bound by the same.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.**

PARENT/GUARDIAN

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)