



SUGAR LAND LITTLE LEAGUE
Baseball Medical Release



PARTICIPANT'S NAME: _____

We, the parents of the named participant above for a position on a Little League team, know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby wave, release, indemnify and agree to hold harmless Sugar Land Little League, Little League Baseball, Inc., the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. In case of emergency, if a family physician cannot be reached, I hereby authorize my/our child to be treated by another available physician. We agree to hold the City of Sugar Land harmless from any claim of any type, including personal injury or property damage, arising out of my child's participation in any Little League activity or use of facilities therewith.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____