

Player's Name (last name first): _____

CONSENT TO TREAT, RELEASE OF LIABILITY AND ASSUMPTION OF RISK

1. The emergency contact I designate for my child in connection with all Palo Alto Little League events, including but not limited to practices, games, Opening Day and Bat-a-thon, is [parent/guardian may designate him/herself]:

Name:	
Address:	
Telephone:	
Alternate Telephone:	

Name:	
Address:	
Telephone:	
Alternate Telephone:	

The person(s) herein designated are authorized to make treatment decisions for my child.

Health Plan Information:

Company	Group No.	ID or Plan Number

Health Care Provider Information:

Primary Care Physician	Telephone Number	Address

2. I authorize agents of Little League Baseball of Palo Alto, Inc. to arrange transportation in the event of accident or acute illness and to arrange for possible emergency medical and/or surgical care at Stanford University Hospital, as long as reasonable efforts are made to notify the emergency contact(s) designated in Paragraph 1. I agree to be responsible for the uninsured cost of ambulance and other medical services if reasonable efforts to reach the identified emergency contacts are unsuccessful, and the above-described actions are taken. I further authorize Stanford University Hospital to surrender my child to agents of Little League Baseball of Palo Alto, Inc. at the conclusion of treatment. I intend this authorization to meet the requirements of Family Code § 6910, providing for a parent or guardian to authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care or both for the minor.

3. If my child has any special conditions, such as chronic illness (e.g. asthma) or being on medication, I have completed and signed the "Special Medical

Conditions” form and provided it to the team manager. By not filling out or providing that form, I am representing that my child does not have any special medical conditions, including those identified on the “Special Medical Conditions” form.

4. I give my permission for my child to participate in the programs offered by Palo Alto Little League. In exchange for the benefits of participation, I hereby release and agree to hold harmless and indemnify Little League Baseball of Palo Alto, Inc., its directors and officers, employees, agents, and volunteers from any liability or loss connected with or arising out of my child's participation in activities connected with Little League Baseball, including but not limited to Little League games and practices. This release and agreement does not exempt any person from liability for willful or intentional acts, but does extend to any asserted liability for the willful or intentional acts of another.

I understand that baseball can be a dangerous sport, and that the risks include but are not limited to being hit by a baseball which may be thrown, batted or impelled by a batting machine; being hit by a bat; injury while sliding or contact with a runner who may be running or sliding; or injury from repetitive movements such as pitching, including throwing breaking pitches. I agree to instruct my child in safety precautions, although I understand that the risks cannot be entirely eliminated by safety precautions. I understand that injuries from the above risks can be extreme up to and including death. I am voluntarily allowing my child to participate in Little League Baseball with knowledge of the risks involved, expected and unexpected, and I voluntarily assume the risks of participation.

5. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability, indemnity, hold harmless, and assumption of risk agreement, and that it constitutes a legally binding agreement between Little League Baseball of Palo Alto, Inc. and me. I intend this agreement to be binding upon my heirs and assigns. If the player for whom I am legally responsible is not my child but a minor as to whom I am legal guardian, all references herein to "my child" mean the minor as to whom I am legal guardian.

Date:

Signature:

Name (Printed):