

## Fall Ball Parental/Guardian Waiver, Release of Liability, and Indemnification Agreement

**BY SIGNING BELOW, I AGREE, WARRANT, AND COVENANT AS FOLLOWS:** I, the parent/guardian of the child listed below (“Child”), hereby give my approval for Child to participate in any and all baseball-related activities, including the fall 2018 baseball program run by Arlington Little League and Arlington Cal Ripken Babe Ruth, any other activities incident thereto, and for any transportation to and from all such activities. I know that baseball is a vigorous team sport that at times involves severe cardiovascular stress and violent physical contact. I understand that participation in baseball involves various risks and may result in serious injuries, including death, and that protective equipment does not prevent all injuries to players, and I, on behalf of myself, Child, my family, and our respective estates, executors, administrators, heirs, assigns, next of kin, and successors, do hereby state that we are voluntarily participating in these activities with full knowledge of the possible dangers involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death and hereby waive, release, absolve, and agree not to sue and to hold harmless and indemnify Arlington Little League (of Virginia); Little League Baseball, Incorporated; Arlington Cal Ripken Babe Ruth; the organizers, sponsors, supervisors, participants, Board members, lessors of the premises, volunteers, and other persons involved in the above-noted activities and the activities incidental thereto, wherever, whenever, or however same may occur; the Arlington County Department of Parks, Recreation, and Cultural Resources; and all of the above-named entities’ respective parents, affiliates, officers, departments, agencies, agents, employees, and volunteers, with respect to any and all present and future claims, damages, injuries, fines, penalties, costs (including court costs and attorneys’ fees), loss of or damage to property, charges, liabilities, exposures, personal injury or death, and other losses, however caused (including by negligence), resulting from, arising out of, or in any way connected with the participation of Child, myself, or any of my family members or friends in the above-referenced activities.

I understand that this Waiver, Release of Liability, and Indemnification Agreement (“Waiver”) is intended to be as broad and inclusive as permitted by the laws of the State of Virginia, and I agree that if any portion is held invalid, the remainder of the Waiver will continue in full force and effect. I further agree that the venue for any legal proceeding shall be in the State of Virginia.

I also give Arlington Little League and Arlington Cal Ripken Babe Ruth permission to reproduce and publish any photograph, video, or likeness of my child for advertising, commercial, or any marketing-related purpose.

I affirm that I have read and fully understand the content of the above Waiver and am freely signing this Waiver, and that I am giving up my legal rights and/or remedies that may be available to me for the ordinary negligence of any of the parties listed above.

**Team Name:** \_\_\_\_\_ **Head Coach:** \_\_\_\_\_

PRINT Player Name	PRINT Parent/Guardian Name	SIGNATURE of Parent/Guardian	Date
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