



Illinois Indians

Medical Waiver and Media Release

FAX completed form to 847-905-7355

I hereby voluntarily permit my child to participate in the **Illinois Indians Travel Baseball Program**. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY.

As consideration for being permitted by THE ILLINOIS INDIANS to participate in these activities, I hereby release and hold harmless THE ILLINOIS INDIANS, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold THE ILLINOIS INDIANS (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to THE ILLINOIS INDIANS Staff, Trainers and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to THE ILLINOIS INDIANS Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. THE ILLINOIS INDIANS also does not provide any medical or other insurance protection or benefits for those who participate in THE ILLINOIS INDIANS travel baseball program.

THE ILLINOIS INDIANS travel baseball program Participant's parent or legal guardian, grants to THE ILLINOIS INDIANS and press and media admitted to the Program by THE ILLINOIS INDIANS the right to photograph, videotape or otherwise digitally collect the THE ILLINOIS INDIANS Participant's name, likeness, voice, sounds or other baseball related attributes (as "Works") during participation in the Program. THE ILLINOIS INDIANS Participant, or THE ILLINOIS INDIANS Participant's parent or legal guardian, further irrevocably assigns and grants to THE ILLINOIS INDIANS all rights in these Works and the right to use or sublicense these Works and THE ILLINOIS INDIANS Participant's name, likeness and biography, in THE ILLINOIS INDIANS's discretion, in all media and in all forms or purposes, including without limitation, advertising and other promotions for THE ILLINOIS INDIANS, without any further consideration to the THE ILLINOIS INDIANS Participant or THE ILLINOIS INDIANS Participant's heirs, assigns, legal and personal representative(s).

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF RELEASE OF INFORMATION.

Name of ILLINOIS INDIANS Participant (player): _____

ILLINOIS INDIANS Participant (player) Parent or Guardian Name: _____

ILLINOIS INDIANS Participant (player) Parent or Guardian signature: _____

Date: _____