

**DBB, INC.**  
**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**  
**READ BEFORE SIGNING**

IN CONSIDERATION OF my child/ward being allowed to Name of Minor Child/Ward participate in any way in the related [Click or tap here to type the name of sports organization.](#) events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS and [Click or tap here to type the name of sports organization.](#) DBB, Inc. its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.


**SEE NEXT PAGE FOR REQUIRED SIGNATURES**

**I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Child/Ward: \_\_\_\_\_

Note: (click on each shaded line to type information)

Name of Parent/Guardian: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_  (required in writing)

Date Signed: \_\_\_\_\_

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward: \_\_\_\_\_


**Signature of Child/Ward:** \_\_\_\_\_ 

Date Signed: \_\_\_\_\_

**FOR PARENTS/GUARDIANS SIGN BELOW:**

**IN ADDITION, I confirm that I have provided an accurate copy of a certified birth certificate or other acceptable proof of age to league officials on behalf of my child and my signature below also authorizes the following medical release for my child:**

**Medical Release** - I grant permission to managing and/or coaching personnel or other league representatives or tournament officials to authorize and obtain medical care and treatment from any licensed physician (including physician's assistant or nurse practitioner), dentist, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should my child become ill or injured while participating in tournament activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. This authorization includes administration of first aid and transportation to and from a medical treatment facility. In addition, I will list any allergies or illnesses for which my child is being treated by medical doctor in the space provided below.

Player's Name \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_ 

Allergies (Drugs or Other) \_\_\_\_\_ Illnesses Under MD Care \_\_\_\_\_

# DBB, Inc.

## Sub District, District, Area, Regional, State, and World Series Tournaments Minor Waiver/Release

Date: <input type="text"/>	League Name: <input type="text"/>	Franchise # <input type="text"/>
----------------------------	-----------------------------------	----------------------------------

*This tournament team required document must be presented at credentials meeting*

### FOR PARENTS/GUARDIANS SIGNING BELOW:

**IN ADDITION, I confirm that I have provided an accurate copy of a certified birth certificate or other acceptable proof of age to league officials on behalf of my child and my signature below also authorizes the following medical release for my child:**

**Medical Release** - I grant permission to managing and/or coaching personnel or other league representatives or tournament officials to authorize and obtain medical care and treatment from any licensed physician (including physician's assistant or nurse practitioner), dentist, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should my child become ill or injured while participating in tournament activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. This authorization includes administration of first aid and transportation to and from a medical treatment facility. In addition, I will list any allergies or illnesses for which my child is being treated by medical doctor in the space provided below.

Player's Name	Allergies (Drugs or Other)	Illnesses Under Medical Care	↓ Parent/Guardian Signature ↓
---------------	----------------------------	------------------------------	-------------------------------

*Note: Parents may choose to opt out from providing medical information below due to privacy concerns; however, all information is required on the individual signature page*

1. Click or tap here to enter text.	Click or tap here	Click or tap here	
2. Click or tap here to enter text.	Click or tap here.	Click or tap here	
3. Click or tap here to enter text.	Click or tap here.	Click or tap here	
4. Click or tap here to enter text.	Click or tap here.	Click or tap here	
5. Click or tap here to enter text.	Click or tap here.	Click or tap here	
6. Click or tap here to enter text.	Click or tap here.	Click or tap here	
7. Click or tap here to enter text.	Click or tap here.	Click or tap here	
8. Click or tap here to enter text.	Click or tap here.	Click or tap here	
9. Click or tap here to enter text.	Click or tap here.	Click or tap here	
10. Click or tap here to enter text.	Click or tap here.	Click or tap here	
11. Click or tap here to enter text.	Click or tap here.	Click or tap here	
12. Click or tap here to enter text.	Click or tap here.	Click or tap here	
13. Click or tap here to enter text.	Click or tap here.	Click or tap here	
14. Click or tap here to enter text.	Click or tap here.	Click or tap here	
15. Click or tap here to enter text.	Click or tap here.	Click or tap here	
16. Click or tap here to enter text.	Click or tap here.	Click or tap here	
17. Click or tap here to enter text.	Click or tap here.	Click or tap here	
18. Click or tap here to enter text.	Click or tap here.	Click or tap here	