

2011 PORTLAND BASEBALL CLUB FALL LEAGUE WAIVER

Player Waiver Information

Team Name: _____

Date of Application: _____

Player Name: _____ Player Age: _____ HS Grad Year: _____

Player Address: _____ City: _____ State: _____ Zip: _____

Player Email: (required) _____ Positions: _____

Player Phone: _____ School: _____

I authorize Portland Baseball Club to act for me and arrange emergency attention if the need requires. Responsibility for treatment is covered by family insurance. The undersigned acknowledges that attendance and participation with Portland Baseball Club involves a certain risk and accepts full responsibility for those risks. In consideration of being permitted to participate, the undersigned agrees that neither the Portland Baseball Club, or its agents, shall be liable on account of any claim arising out of personal injury, illness or death suffered by the undersigned while at attendance at a sponsored Portland Baseball Club activity. For consideration aforesaid, the undersigned waives, releases, and discharges any and all claims, whether anticipated or unanticipated including without limitation claims based on acts of Portland Baseball Club or any agent of Portland Baseball Club.

Insurance Company: _____

Policy #: _____ Group #: _____

Subscriber Name: _____

Insurance Company Phone #: _____

Parent Contact #: _____

Parent Address: _____

I/We hereby waive and release Portland Baseball Club or its agents, heirs and assigns, from any and all liability out of or in connection with and participation in a Portland Baseball Club event.

Date: _____

Parent Signature

Player Signature

Parent Printed Name

Player Printed Name

Portland Baseball Club, LLC
Joe Taylor - President
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