



Medical Release

TO WHOM IT MAY CONCERN:

This is to certify that I, as the parent or guardian of

a player on the Wm. S. Hart Tournament Team, hereby grant permission to the adult manager, coach, trainer or business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital or medical clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless Wm. S. Hart Baseball & Softball, PONY Baseball, Inc; the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

SIGNED _____

PRINT NAME _____

RELATIONSHIP to PLAYER: _____