



Indiana Old School Sports Adult Baseball

EVENT: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ PHONE (_____) _____

EMAIL: _____

CONSENT AGREEMENT & INJURY WAIVER:

In consideration of acceptance to participate in an **Indiana Old School Sports, LLC (IOSS)** event, I agree to conduct myself in a manner that will reflect favorably upon my teammates, fellow competitors and spectators, and I agree to abide by the rules of **IOSS**. I understand that failure to do so may result in my dismissal from **IOSS** without reimbursement of any fees I may have paid.

I understand that certain risks are inherent in my participation in the game of baseball, and I assume these risks of my own accord and will hold **IOSS**, its officials, and field owners, harmless of any injury or illness I may sustain in the course of traveling to and from the events or while participating in any **IOSS** activities.

I have no knowledge of any physical impairment that would be affected by my participation.

I hereby authorize the organizers to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release them from any liability from injuries or illnesses incurred

I have read, understood and agreed to the terms of the consent agreement, injury waiver and release of liability.

Players Signature _____ Date _____

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