2020

Participant Name (Printed)

KENTUCKY CLASSIC TOURNAMENTS

Competition Waiver City/State: (circle one): Baseball/Softball Team Name: Age Group: Head Coach's Name: Head Coach's Phone Number: Head Coach's Email Address: **Acknowledgement of Risk** I, the undersigned parent or legal guardian of a competitor at this "Kentucky Classic Tournaments" event hereby voluntarily and knowingly execute this general release from any and all claims, actions, demands, or righs to monetary judgements arising from any & all injury or physical harm which may arise from or be sustained as a result of the participation of my child in this event. **Permission to Administer Immediate First Aid** I, the undersigned parent or legal guardian of a competitor at this "Kentucky Classic Tournaments" event hereby voluntarily & knowingly grant permission for the staff or agencies determined by "Kentucky Classic Tournaments" to provide any care deemed necessary. Permission to Photo or Video I, the undersigned parent or legal guardian of a competitor in this "Kentucky Classic Tournaments" event, give permission to photograph or video my child. **Participant Roster** Participant Name (Printed) Parent/Guardian Signature 11. Participant Name (Printed) Parent/Guardian Signature Parent/Guardian Signature Participant Name (Printed) Participant Name (Printed) Parent/Guardian Signature Participant Name (Printed) Parent/Guardian Signature Participant Name (Printed) Parent/Guardian Signature

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