KENTUCKY CLASSIC TOURNAMENTS

Competition Waiver

Team Name: .	Age Group:	(circle one): Baseball/Softball City/S	state:
Head Coach's Name:		Head Coach's Phone Number:	
Head Coach's Email Address:			
		Acknowledgement of Risk	
I, the undersigned parent or legal guar-			vingly execute this general release from any and all claims,
			ed as a result of the participation of my child in this event.
		n to Administer Immediate First Aid	
I, the undersigned pa	arent or legal guardian of a competitor at the	nis "Kentucky Classic Tournaments" event hereby vo	oluntarily & knowingly grant permission for the staff or
	agencies determined by "K	Centucky Classic Tournaments" to provide any care d	leemed necessary.
	1	Permission to Photo or Video	
I, the undersigned pa	arent or legal guardian of a competitor in the	nis "Kentucky Classic Tournaments" event, give pern	nission to photograph or video my child.
		Participant Roster	
		9.	
Participant Name (Printed)	Parent/Guardian Signature	9 Participant Name (Printed)	Parent/Guardian Signature
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2		10	
Participant Name (Printed)	Parent/Guardian Signature	Participant Name (Printed)	Parent/Guardian Signature
3		11	
Participant Name (Printed)	Parent/Guardian Signature	Participant Name (Printed)	Parent/Guardian Signature
4.		12.	
Participant Name (Printed)	Parent/Guardian Signature	Participant Name (Printed)	Parent/Guardian Signature
5		13	
Participant Name (Printed)	Parent/Guardian Signature	Participant Name (Printed)	Parent/Guardian Signature
6.		14	
Participant Name (Printed)	Parent/Guardian Signature	Participant Name (Printed)	Parent/Guardian Signature
	- -		
7		15	
Participant Name (Printed)	Parent/Guardian Signature	Participant Name (Printed)	Parent/Guardian Signature
8.		16.	
Participant Name (Printed)	Parent/Guardian Signature	Participant Name (Printed)	Parent/Guardian Signature