



Barons

Sacramento Barons Athletic Organization 12th Annual Barons Reno Challenge Player / Parent Medical & Liability Release Agreement Form

Team Name: _____ Division: _____

Coach: _____ Phone: _____

Team Contact/Mgr. _____ Phone: _____

We, the undersigned, release the Sacramento Barons Athletic Organization, the Barons Reno Challenge Tournament Committee, Washoe County School District, Team Coaches and Officials from all liability for any injury or loss sustained by the players while playing, practicing, traveling and participating in this tournament.

Signing of this parent/player agreement shall be considered as a waiver of any claim for such injury or loss. All players and parents must sign this waiver form in order to be eligible to participate in this tournament.

*This completed form must be turned into the Commissioner before the start of the first game. If sending this form by mail, please submit by **September 20, 2010**.*

	Player's Name (Print)	Player's Signature	Parent's Signature	Date
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