



PARENTAL AUTHORIZATION MEDICAL RELEASE FOR PARTICIPATION IN HiBA ACTIVITIES

I, as the parent or guardian of (player's name) _____, do hereby give my approval for their participation in any and all HiBA league activities. I hereby grant my permission to managing personnel or other league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or where neither parent nor legal guardian is available to grant authorization for emergency treatment.

I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless Hawaii Baseball Association, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player.

I further agree to furnish a certified birth certificate for the player, upon request of league officials, and to return upon request the uniform and other equipment issued to the player in as good a condition as when received, except for normal wear and tear in league activities.

Insurance Company: _____

Policy or Certificate Number: _____

Print Name of Parent or Legal Guardian: _____

Relationship: _____

Signature of Parent or Legal Guardian: _____

Date: _____