2011 TOURNAMENT WAIVER/RELEASE FORM

Head Coach _____ Signature _____

Asst Coach _____ Signature _____

Team Name _____ Home Park _____

WAIVER/RELEASE OF LIABILITY

(I) (We), the undersigned, parent/guardian of player, shall indemnify, release, hold free and harmless all sponsors of the Sawnee Mountain Thunder 14 Year Old Baseball team, Forsyth County, the City of Cumming, their agents, employees, officers, and directors from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as result of the player's involvement in activities associated with the North Ga. Invitaional/FallClassic Tournaments. (I) (We), the undersigned have read this release of liability and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue, on behalf of myself and the player. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

(Print) Player's Full Name	Phone	Date of Birth	Parent/Guardian's Signature	Date

Tournament Director: Kenny Rodden 770-231-6688 email: kenrodden@hotmail.com