

TYENDINAGA YOUTH T-BALL – LIABILITY WAIVER & PARTICIPATION AGREEMENT

Program: Tyendinaga Youth T-Ball – Thursday Night Program

Location: Karonhiatakie Sports Complex

Season/Year: 2026

Participant Information

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email: _____

1. Participation Acknowledgement Initial:

I, the undersigned parent or legal guardian, give permission for my child to participate in the **Tyendinaga Youth T-Ball Thursday Night Program**. I understand that participation in sports activities involves certain inherent risks including, but not limited to, falls, collisions, and injuries from equipment.

2. Assumption of Risk Initial:

I acknowledge and assume all risks associated with my child's participation in the program. I understand that while coaches and volunteers will take reasonable precautions to ensure safety, injuries may still occur.

3. Release of Liability Initial:

I hereby release, waive, and discharge the Tyendinaga Youth T-Ball organizers, volunteers, coaches, and affiliated community members from any and all liability, claims, demands, or causes of action arising out of or related to any injury, illness, or damage that may occur while my child participates in the program.

4. Medical Authorization Initial:

In the event of an emergency, I authorize program organizers or volunteers to obtain medical treatment for my child if I cannot be reached immediately.

Allergies or Medical Conditions:

Emergency Contact (if different from parent/guardian):

Name: _____

Phone: _____

5. Photo/Media Permission (Optional)

I give permission for photos or videos of my child taken during Tyendinaga Youth T-Ball activities to be used for community promotion or social media.

I do **not** give permission.

6. Agreement

By signing below, I confirm that I have read and understood this waiver and agree to its terms.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____
