

Lincoln Sox Baseball
Medical History, Informed Consent and Release Agreement

I hereby give permission for my child named above to participate in the Lincoln Sox Baseball program for the duration of the 2025 baseball season (with practices beginning in the fall of 2024). Further, I authorize the coaching staff or other Lincoln Sox personnel to provide emergency medical treatment of an injury to, or illness of my child. If I cannot be reached, and a reasonable effort has been made to do so, I further authorize any qualified, licensed physician to render medical treatment which in his/her judgment may be necessary in the care of my child.

We are aware that participating in baseball is a potentially hazardous activity. We understand that our child is not covered by any insurance plan through the Lincoln Sox Baseball Organization and do hereby waive, release, absolve, indemnify and agree to hold harmless the Lincoln Sox Baseball Organization, all owners of any indoor or outdoor facilities used during practices or games, and any of its affiliated volunteers including administrators, coaches and other participants in the event of injury or illness to my child or any other person that is brought to baseball related activities that occurs during travel to or from, or during the conduct of any practice, game or related or special event. I understand and assume all risks, including but not limited to falls, contact with other participants, being hit with a ball, the effects of weather, traffic and other reasonable risk conditions associated with the game of baseball. All such risks are known and understood by me.