



# TRYOUT LIABILITY WAIVER

## Minor Waiver

Player Name: \_\_\_\_\_ H.S.: \_\_\_\_\_  
Print Name

Grad. Yr.: \_\_\_\_\_ Player Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Print Name

**Age Group: 19U**

In consideration of my child (name above), being allowed to participate in 19U Northstars Baseball Tryout, undersigned acknowledges and agrees that there is a risk of injury to my child.

For myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation.

The undersigned, Hereby release and hold harmless the Northstars organization, coaches and volunteers, with respect to any and all injuries.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Home Field:**  
**John R Rogers H.S. Varsity Field**  
1622 E Wellesley Ave, Spokane, WA 99207

**Coach:**  
**Adrian Olson**  
P: 509.344.9139  
E: coacholson@northstars-baseball.com