PARENTAL AUTHORIZATION MEDICAL RELEASE FOR PARTICIPATION IN SAN MARCOS YOUTH BASEBALL TOURNAMENT

As the parent or guardian of the participating party I do hereby give my approval for their participation in all San Marcos Youth Baseball tournaments. 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 or 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 the Pony Baseball organization, San Marcos Youth Baseball, 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.

Child's Name	Responsible Party	Signature