

7. I agree to defend, indemnify and hold harmless the City and MAYBA for any expense or liability the City or MAYBA may incur as a result of my conduct, actions or omissions while performing the Activity.
8. It is my express intent that this Waiver and Release of Liability shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
9. I grant permission for the use of any photographs, motion pictures, recording, or any other record of my participation in this Activity for any legitimate purpose, without financial or other compensation or royalties.
10. If any court finds any portion of this Waiver and Release of Liability to be contrary to law, invalid, or unenforceable, the remainder of the Waiver and Release of Liability will remain in full force and effect.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

The parent/guardian whose signature appears on page 3 of this Roster/Waiver does hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by my child's physicians and or surgeons. This intention is to grant authority to administer and to perform, all and singularly, any examinations, treatments, anesthetics, operations and diagnostic procedures which may now, or during the course of my child's care, be deemed advisable or necessary. I also agree that my child, when admitted, is to remain in the hospital until his physician recommends his discharge. In witness of my consent and agreement to the matters stated above, I have subscribed my signature below. I also grant permission to managing and/or coaching personnel, or other MAYBA representatives or tournament officials, to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician, should my child become ill or injured while participating in tournament activities away from home, or at other times when neither parent or guardian is available to grant authorization for emergency treatment.

Mankato Area Youth Baseball Association (MAYBA)
2025 Mankato Royals Classic Baseball
Official Tournament Roster & Liability Waiver Form



Team Name: _____

| | Uniform # | Player Name | Date of Birth (mm/dd/yyyy) | Parent/Guardian Name | Parent/Guardian Signature | Relationship |
|----|-----------|-------------|----------------------------|----------------------|----------------------------------|--------------|
| 1 | | | | | <i>Consent to Waiver/Release</i> | |
| 2 | | | | | <i>Consent to Waiver/Release</i> | |
| 3 | | | | | <i>Consent to Waiver/Release</i> | |
| 4 | | | | | <i>Consent to Waiver/Release</i> | |
| 5 | | | | | <i>Consent to Waiver/Release</i> | |
| 6 | | | | | <i>Consent to Waiver/Release</i> | |
| 7 | | | | | <i>Consent to Waiver/Release</i> | |
| 8 | | | | | <i>Consent to Waiver/Release</i> | |
| 9 | | | | | <i>Consent to Waiver/Release</i> | |
| 10 | | | | | <i>Consent to Waiver/Release</i> | |
| 11 | | | | | <i>Consent to Waiver/Release</i> | |
| 12 | | | | | <i>Consent to Waiver/Release</i> | |
| 13 | | | | | <i>Consent to Waiver/Release</i> | |
| 14 | | | | | <i>Consent to Waiver/Release</i> | |
| 15 | | | | | <i>Consent to Waiver/Release</i> | |
| | Coach: | | | | <i>Consent to Waiver/Release</i> | |
| | Coach: | | | | <i>Consent to Waiver/Release</i> | |
| | Coach: | | | | <i>Consent to Waiver/Release</i> | |

Team Manager's Affidavit

I, the manager of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all players (18 and older), parents or guardians signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in any MAYBA Event or Activity in accordance with the MAYBA Official Playing Rules.

IMPORTANT – Each team manager shall be responsible to keep legal copies of birth certificates, concussion certificates, etc., at all times available on demand in case of inquiry by any Tournament Officials.

Manager's Signature: _____

Date: _____

Manager's Address: _____

Date: _____