



COASTAL BEND COLLEGE
3800 CHARCO ROAD
BEEVILLE, TEXAS 78102

PARTICIPANT/ PROGRAM INFORMATION

(Please print)

Organization: Men's Baseball

Sponsor: Brian Bauerle

Name: _____

ID #: _____

Address: _____

Home Phone _____

City/State: _____

Zip Code: _____

IN CASE OF AN EMERGENCY CONTACT

Name: _____

Relationship: _____

Home Phone: _____

Business Phone: _____

Family Physician: _____

Phone: _____

SPORTS WAIVER FORM

I acknowledge that participation in physical activities conducted by the Coastal Bend College may involve strenuous physical exertion which may cause unexpected injuries. To the best of my knowledge I am in good health, and not at risk of disease or injury and am able to participate in any sports or other activity offered at Coastal Bend College. In consideration of the privilege of participating in these activities, I HEREBY AGREE TO IDENTIFY, SAVE AND HOLD HARMLESS COASTAL BEND COLLEGE, ITS SCHOOL OFFICIALS AND TRUSTEES AS WELL AS ITS EMPLOYEES (hereby referred to collectively as "THE COLLEGE") from any and all claims and/or causes of action, liabilities and damages of any and every character, and without regard to the cause thereof, under common law or statute, for injuries or damages resulting from the acts or omissions of the College or any third party, including, but not limited to claims for negligence and/or gross negligence."

I have read and understand the preceding and certify that I am willing to accept the risks inherent in these activities and currently not enrolled in any sanctioned collegiate student athlete program.

Printed Name

Date

Signature

Date

Parent or Guardian's Signature (if under 18 years of age)

Date