

WAIVER AND RELEASE

Printed Name of Participant/Player:	Date Of Birth:
Address:	
Primary Phone number:	Emergency #:
E-mail:	
an extreme test of a person's physical and mental limitinjury, or property damage. With a full understanding of	SK, AND INDEMNITY AGREEMENT ("AGREEMENT") I acknowledge that cricket is ts and that my participation in this activity can cause potential death, serious of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS executors, administrators, heirs, next of kin, successors and assigns:
that which is the result of gross negligence and/or willful my traveling to and from or my participation in	claims or liabilities for death or personal injury or damages of any kind, except misconduct of the Released Persons listed below, which arise out of or relate to this event, the following persons or entities (collectively, the "Released CAC) and the officers, directors, employees, representatives, and agents of the
(b) I AGREE NOT TO SUE any of the Released Persons for and $% \left(\mathbf{r}\right) =\left(\mathbf{r}\right) $	any of the claims or liabilities that I have waived, released, or discharged herein;
my/my child's actions. I/my child do not have any phy prevent or limit me/my child from participating in this executed this waiver and release on my behalf and herel release. My parent or legal guardian represents that he condemnify and hold harmless the Released Persons for an or her legal capacity or authority to act for and on my fully consents to my participation in this event and authority to act for an authority to act for an authority to act for an authority consents to my participation in this event and authority fully consents to my participation in this event and authority fully consents to my participation in this event and authority fully consents to my participation in this event and authority fully consents to my participation in this event and authority fully consents the consent of the con	ersons from any claims made or liabilities assessed against them as a result of ysical limitations, medical ailments, physical or mental disabilities that would event. If I am under eighteen (18) years of age, my parent or legal guardian has by binds him or her, myself and all other assigns to the terms of this waiver and or she has legal capacity and authority to act for and on my behalf, and agrees to my claims or liabilities assessed against them as a result of any insufficiency of his behalf in the execution of this waiver and release. My parent or legal guardian horizes representatives of American Cricket League & Club of St Louis (ACAC) to gment in any situation requiring medical attention for me.
property in connection with the above-ident copyright, use and publish the same in p	ployees the right to take photographs of me/my child and my cified subject. I authorize ACAC its assigns and transferees to wrint and/or electronically. I agree that ACAC may use such my name/my child's name and for any lawful purpose, including ration, advertising, and Web content.
Printed Name of Parent/Guardian:	
Parent/Guardian Signature:	Date: