



# 2026 Fall BASEBALL League - PLAYERS RELEASE

Fabens Park - Huron, Ohio

**HURON PARKS & RECREATION**

Mail: 417 Main St., Huron, Ohio 44839

Office: 110 Wall St., Huron

P: 419/433-8487 E: Parks@huronohio.us

**DIVISION:**        8U        10U        (circle one)

**TEAM NAME:** \_\_\_\_\_ **COACH:** \_\_\_\_\_

**PLAYER RELEASE FORM MUST BE COMPLETED AND RETURNED TO HURON PARKS & REC NO LATER THAN AUG. 14, 2026**

Waiver for Participation: I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the City of Huron and its officers, agents, servants and employees as a result of participating in any of the above programs(s). I hereby fully release and discharge the City of Huron and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I have read and fully understand the above program details and waiver and release of claims. I understand and agree with all refund policies set forth by the Parks and Recreation Dept. I also understand that I may forfeit a portion or all of an registration fee according to these policies.

I understand that I or my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotapes of me or my child to be used to promote the City of Huron and it Parks and Recreation Department and such photos and video will be the property of the City of Huron.

In the event of an emergency requiring medical treatment, I give my permission to the program instructor, coach, and/or league director to obtain medical treatment they feel necessary and to call the local EMS if necessary. I understand that no medical or accidental insurance will be provided to participants.

**Parent/Guardian Signature REQUIRED!**

| Print Clearly:<br>PLAYER'S NAME | ADDRESS,CITY, STATE, ZIP | PHONE # | DOB<br>00/00/00 | AGE | PARENT/GUARDIAN<br>Signature Required | DATE |
|---------------------------------|--------------------------|---------|-----------------|-----|---------------------------------------|------|
| 1.                              |                          |         |                 |     |                                       |      |
| 2.                              |                          |         |                 |     |                                       |      |
| 3.                              |                          |         |                 |     |                                       |      |
| 4.                              |                          |         |                 |     |                                       |      |
| 5.                              |                          |         |                 |     |                                       |      |
| 6.                              |                          |         |                 |     |                                       |      |
| 7.                              |                          |         |                 |     |                                       |      |
| 8.                              |                          |         |                 |     |                                       |      |