



**Northeast Eagles AAU Baseball Program  
("Northeast Eagles DBA")  
Liability Waiver 2025-2026**

Player's Name\_\_\_\_\_

Player's DOB\_\_\_\_\_

Player's Home Address\_\_\_\_\_

Parent/Guardian #1 Name\_\_\_\_\_

Parent/Guardian #1 Phone\_\_\_\_\_

Parent/Guardian #1 Home Address\_\_\_\_\_

Parent/Guardian #2 Name\_\_\_\_\_

Parent/Guardian #2 Phone\_\_\_\_\_

Parent/Guardian #2 Home Address\_\_\_\_\_

**Waiver and Consent**

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the Northeast Eagles DBA activity designated above. I acknowledge that participating in the above noted activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to my child or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my child's participation in the above noted activity, regardless of whether or not caused in whole or in part by the negligence or other fault of Northeast Eagles DBA, the trustees, affiliates, employees, officers, agents, insurers and, if applicable, owner and lessors of premises on which the activity takes place ("Released Parties"). I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known or unknown, which arise during or result from my child's participation and travel that may be associated with the activity, regardless of whether or not caused in whole or in part by the negligence or other fault of any of the

Released Parties. I release and forever discharge the Released Parties from all such claims. I will indemnify, save, and hold harmless the Released Parties from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as a result of such claim. I hereby certify that my child is fully capable of participating in the designated activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portions of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature of Parent/Guardian

#1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

#2 \_\_\_\_\_ Date \_\_\_\_\_

Please list any allergies, physical/mental limitations, medical conditions, medicines, etc.:

---

---