



PO Box 18404 • 3702 Waldron Rd • Corpus Christi, TX

Release of Liability

Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Email: _____

Event/Team Name/Coach Name: _____

I hereby consent to allow my son/daughter to participate in off-season baseball/softball practice or special event at Laguna Little League (L.L.L.) located at 3702 Waldron Rd., Corpus Christi, TX 78418. I also consent to not hold L.L.L. or any of their volunteer members responsible for any injury or illness to my son/daughter while practicing at L.L.L. facilities. I understand that L.L.L. is a volunteer organization and I will not pursue any legal action against L.L.L. or any volunteer member of this program due to injury, illness, or death of my son/daughter while at above premise.

Parent/Guardian Signature

Date

Printed Name

Witness Signature

Date

Witness Printed Name