



# Topeka Baseball and Softball Association

Topeka, Kansas ○ established 2014

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2801 SE 25th Street ○ PO Box 1662

Topeka, KS 66601

[www.topekabaseballandsoftball.com](http://www.topekabaseballandsoftball.com)

## TBSA Disclaimer of Liability:

The Topeka Baseball and Softball Association (TBSA) and its staff do not assume liability for any injuries incurred while at the clinic or on the way to the clinic. Parents should contact their own insurance carrier to get additional insurance for the clinic attendee, if necessary. The following disclaimer must be signed and dated by the student's parent/guardian.

The clinic student, in attending at the Topeka Baseball and Softball Association (TBSA) clinic and using the Topeka Baseball and Softball Association (TBSA) facility does so at his/her own risk. The Topeka Baseball and Softball Association (TBSA) and its staff shall not be liable for any damages arising from personal injury sustained by the student during the clinic or at the facility. The student and his/her parents assume the responsibility for any damages or injuries which may occur during the session and so hereby fully and forever exonerate and discharge the operators for any and all claims, demands, damages, rights of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the clinic attendee's participation in the clinic session and in the use of the facilities.

**Medical Authorization:** In the event of injury to a clinic student, to permit treatment of injuries, the following authorization must be signed and dated by the parent/guardian. I hereby give my permission to the licensed physician selected by the clinic operator; to hospitalize, secure proper treatment, anesthesia or surgery for my child in an emergency.

Participants Name: \_\_\_\_\_

My child is attending the March 14<sup>th</sup> session ages 3-18 \_\_\_\_\_

My child is attending the March 28<sup>th</sup> session ages 3-18 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Any Known allergies:

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Parents Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

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