Registration Waivers and Agreements

Organization Waiver

I certify that I have legal custody or guardianship of the named player and am authorized to register them with Lincoln Rebels Inc. I have read, understand, and voluntarily agree to all terms, statements, and conditions in this waiver. If legal custody of the named player is shared, I certify that I have coordinated with all individuals who hold legal custody and have obtained their consent for the player to participate in all Lincoln Rebels Inc. activities.

Medical Waiver

The parent or guardian of the named player(s) for Lincoln Rebels Inc. hereby gives approval for participation in any and all organization activities during the current season. Parents, guardians, and players assume all risks and hazards incidental to such participation, including transportation to and from activities, and waive, release, absolve, indemnify, and agree to hold harmless Lincoln Rebels Inc., its board of directors, sponsors, volunteers, coaches, and officials, and any persons transporting the player(s) to and from activities, for any claims arising from injury to the player. This release does not apply to gross negligence or willful misconduct.

Parents or guardians grant permission to coaches or organization officials to authorize and obtain medical care from any licensed physician, hospital, or medical care clinic should the player become ill or injured while participating in organization activities.

Parents and guardians are responsible for securing and maintaining appropriate health insurance coverage for their player. Lincoln Rebels Inc. does not provide health insurance coverage for players.

I verify that my player is in good health, is in good physical condition, and is able to participate in the level of physical activity and exercise consistent with youth baseball. I also verify that my player has not been advised to avoid heavy exercise or youth sports by qualified medical personnel. I take full responsibility for my player's health while participating in Lincoln Rebels Inc. programs and activities. I acknowledge that organization activities could be injurious to my player, and I accept this risk as parent/guardian.

By acknowledging this waiver, I affirm that the health information I have provided is accurate and that, to the best of my knowledge, my player is physically able to participate in Lincoln Rebels Inc. activities.

Permission to Treat Game Day Injuries

I authorize coaches or organization officials to administer first aid and obtain emergency medical treatment for my player if I cannot be reached immediately. This authorization is limited to what is reasonably necessary to protect my player's health and safety.

Media/Photo Waiver

As the parent or guardian of the player named below, I grant Lincoln Rebels Inc. (a 501(c)(3) nonprofit) permission to photograph, film, and use my player's likeness, including edited or composite images, without payment or other compensation, in social media, the website, promotional materials, event marketing, newsletters, and press coverage.

I waive the right to inspect or approve the finished product, and I understand:

- My player's name will not be used without additional consent.
- These photos and videos become the property of Lincoln Rebels Inc. and will not be returned.
- This permission does not expire and does not require further consent for future use.
- Media will be used respectfully and in line with the organization's mission.

I release and hold harmless Lincoln Rebels Inc., its board of directors, officers, sponsors, volunteers, coaches, and officials from any claims arising from this authorization, on behalf of myself, my heirs, and anyone acting on my or my player's behalf.