

**PEACHES BASEBALL CLASSIC TOURNAMENT**  
**HOSTED BY THE INTERNATIONAL WOMEN'S BASEBALL CENTER**  
**LABOR DAY WEEKEND, AUGUST 30 - SEPTEMBER 1, 2025**

**PLAYER ACKNOWLEDGMENT AND WAIVER AND RELEASE OF ALL CLAIMS**

As a participant in the PEACHES BASEBALL CLASSIC TOURNAMENT, INTERNATIONAL WOMEN'S BASEBALL CENTER, ROCKFORD AREA CONVENTION AND VISITORS BUREAU, AND CITY OF ROCKFORD; hereafter referred to as "the Tournament", I agree to abide by the Rules and Regulations of the Tournament or any other applicable rules and regulations. I understand said rules and agree to abide by and uphold these rules and regulations as a participant and understand that failure to comply my result in my removal for the Tournament.

I recognize and acknowledge that by participating in the Tournament there are certain risks of physical injury incidental to the game of baseball, including, but not limited to, the following: (1) being struck by thrown or batted balls; (2) being struck by swinging or thrown bats; (3) being injured while running or sliding; and (4) being injured in a collision with others players, fencing or other objects. I agree to assume and accept the full risk of any injures, including damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the Tournament.

I do hereby agree to waive and relinquish all claims I may have against INTERNATIONAL WOMEN'S BASEBALL CENTER, ROCKFORD AREA CONVENTION AND VISITORS BUREAU, AND CITY OF ROCKFORD and its successors, assigns, representatives, officers, directors, agents as a result of participating in the Tournament.

I further agree to indemnify and hold harmless and defend INTERNATIONAL WOMEN'S BASEBALL CENTER, ROCKFORD AREA CONVENTION AND VISITORS BUREAU, AND CITY OF ROCKFORD from any and all claims resulting from injuries, including damage and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the Tournament.

NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

**I received a copy of this Acknowledgment and Waiver and Release of All Claims. I read and fully understood its terms and agree to all of them.**

\_\_\_\_\_  
DATE: \_\_\_\_\_

Signature