American Legion Baseball

2027 Form#2

Player Agreement

Please PRINT or TYPE

PLAYER'SNAME

First, MI, Last *(as it appears on driver license or birth certificate)*

I certify that the information shown above regarding me is correct. I agree to devote my entire service as an American Legion Baseball (ALB) player this season to _____ (team name). I agree to abide by all ALB rules and regulations. I agree to accept the sole, exclusive and final jurisdiction and authority of The American Legion National Appeals Board over any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the ALB program, rules, tournaments, administration, or games and their ruling shall be final without any rights of appeals. In addition, their ruling shall be considered that of an arbitrator to which the parties agree is a final adjudication of all matters in controversy. Procedures for filing an appeal to the National Baseball Appeals Board are outlined in National Rule 10 of the American Legion Baseball Rule Book.. Voluntarily and of my own free will, I elect to participate in the ALB program and as a member of my ALB team.

I understand and acknowledge that the very nature of baseball has hazards that can cause serious injury and/or death. I assume all risks of injury and damage incident to my participation in ALB. I agree in the event of illness or injury during an ALB game or practice, I hereby give consent to the performance of such diagnostic, medical and/or surgical treatment as may be deemed medically necessary to assure my safety.

I have read and understand National Executive Committee Resolution No. 16: Expectations for Rendering Proper Respect when Participating in Programs of The American Legion, October 2016 (copy of which is available at www.archive.legion.org) and agree to be bound to the terms of said resolution.

I irrevocably consent to, and authorize the ALB, its licensees, agents, successors and assigns, to use my name, likeness, and voice and to reproduce, distribute, display, and to prepare derivative works of any images or recordings of me taken, or in which I may be included, in conjunction with or without my name, made through any medium, for publicity, advertising, promotional or any other lawful purpose without compensation to me.

I have read ALB's Privacy Policy, Drug and Alcohol Policy, and Fan Conduct Policy (copies of which are available at www.legion.org/baseball/resources) and agree to be bound to the terms of each such policy.

In consideration of the privilege to participate in the ALB program, hereby release, discharge, relinquish, agree not to take legal action against, hold harmless, and indemnify The American Legion, its officers, agents, representatives, employees and officials, ALB sponsors, supervisors, participants, players, agents, coaches, managers and persons transporting me to and from ALB activities, from any claims, demand, actions, and cause of action of any sort, arising out of my participation in the ALB program, including, but not limited to, (1) any injury or death sustained in connection with my participation in the ALB program, including but not limited to travel to and from program related activities, whether the result of negligence or for any other cause; and (2) any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the ALB program, rules, tournaments, administration, or games. Except as otherwise provided above, I agree that any dispute arising out of this agreement shall be governed by the laws of Indiana, notwithstanding any conflicts of law principles. Any action relating to this agreement must be filed and maintained in a court in the state of Indiana, and users consent to exclusive jurisdiction and venue in such courts for such purpose.

I certify that I am a legal United States citizen, or possess legal residency, or visitor status to be in the United States, and that I shall provide proof of said legal status if requested prior to or during any American Legion national-level ALB participation. I further understand that I shall be denied participation in any American Legion national-level youth programs if I refuse to comply with providing proof of said legal status, or are not legally in the United States.

Player's signature

Player's printed name

Date

I am a parent with legal custody or legal guardian of the above player and hereby consent and agree to the foregoing terms and provisions on the above player's behalf.

Parent's or legal guardian's signature

Parent's or legal guardian's printed name

This form is available online at ***www.legion.org/baseball***

It is stronglyrecommendedthatthisformbenotarized.Mosthospitalsrequireconsentformtobenotarized.

Send copy to Department Baseball chairman. Team manager shall retain original.

2027 Form #2 Continued

Player Information Sheet

Please PRINT or TYPE

Player's name *(first, middle, last)*

Parent's home address *(street address, city, state, ZIP)*

Parent's telephone number

Emergency contact person & phone number

Medical Insurance Policy #

Family physician & phone number

High school attended

Year of graduation

School enrollment *(grades 10, 11, 12)*

Player's email address

Player's Birth Date (Month/Year)

Primary position

Player's height

Player's weight

Bats

Throws

The content below should be filled out by a notary.

_____ _____
State County

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____

[SEAL]

_____ _____
Notary Public My commission expires

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