American Legion Baseball

2009 Form #2

Player Indemnification Release Agreement

Please PRINT or TYPE

Full Name _____
First, MI, Last

Position Pitcher (check one) Bat Right (check one) Throws R ☐ L ☐ (check one) Height ?' ??" Weight _____

Parent's Address _____

High School _____ (Name) Graduation Year _____ Enrollment _____ (10th, 11th & 12th)

I certify that the information shown above regarding me is correct and **I agree to devote my entire service as an American Legion Baseball player this season to** _____, and I agree to abide by all the rules and regulations of American Legion Baseball. 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 American Legion Baseball Program, rules, tournaments, administration or games. Voluntarily and of my own free will, I elect to participate as a member of The American Legion Baseball Team. I understand that the very nature of baseball has its hazards that can cause serious injury and/or death.

Finally, I release, discharge and agree not to take any legal action against the team, team sponsor, The American Legion or the field, or owner on which baseball is/was practiced or played by my team. I further agree that I shall hold harmless and fully indemnify The American Legion, its officers, employees, or any person connected with the team, its agents, coaches, or managers.

Player's Signature _____ Player's SS# _____ (Last four digits only)

Home Phone _____ include area code

Birth Date _____ Month/Day/Year

Parent's Consent and Release Form

To be signed by parent or guardian. If parents are divorced or legally separated, this form must be signed by the parent having legal custody as established by a court.

1. I/we have read the player agreement, and release of liability/indemnification release agreement above, and agree to allow our son/daughter to participate in American Legion Baseball and receive all approved communications.
2. I/we understand and acknowledge and appreciate the risks and dangers involved in allowing our son/daughter to participate in American Legion Baseball and I/we assume all risks of injury and damage incident to his/her participation in American Legion Baseball. I/we further in consideration of the privilege to play American Legion Baseball, hereby release, discharge and relinquish The American Legion, its officers, agents, their representatives, employees and officials of and from all claims, demands, actions and cause of action of any sort, for any injuries sustained by our son/daughter.
3. I/we agree to the sole, exclusive and final jurisdiction and authority of The American Legion National Appeals Board over any question, dispute, disagreement or ruling involving our son/daughter or their team.
4. I/we agree in the event of illness or injury to my son/daughter during an American Legion Baseball game or practice, I/we hereby give consent for the performance of such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

Signature _____ Relationship: _____

Emergency Contact Person _____, Emergency Phone Number _____

Parent's Medical Insurance & Policy Number: _____

Date _____ Family Physician & Phone Number _____

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

It is strongly recommended that this form be notarized – most hospitals require consent form to be notarized.

Copy To Department Chairman - Team Manager Shall Retain Original

Revised 01/2009