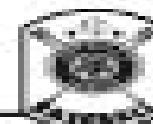


AMERICAN LEGION BASEBALL



2016 Form 2

Player Agreement

Please PRINT or TYPE

PLAYER'S NAME

(This is not an official or membership document)

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 rules, schedule and final participation and eligibility 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 programs, rules, tournaments, administration, or games. 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 irrevocably consent to, and authorize the ALB, its officers, agents, managers and agents, 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 connection 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 Fair 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, I hereby release, discharge, defend, agree not to take legal action against, hold harmless, and indemnify The American Legion, its officers, agents, representatives, employees and officials, ALB managers, supervisors, participants, players, agents, coaches, managers and persons transporting me to and from ALB activities, from any claims, demands, 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 programs 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 programs, 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 principle. Any action relating to this agreement must be filed and maintained in a court in the state of Indiana, and I agree to maintain jurisdiction and venue in such courts for such purposes.

Player's signature

Last four digits of player's Social Security number

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

Medical insurance & policy number for player

Parent's or legal guardian's printed name

Family physician & phone number

Date

Emergency contact person & phone number

Relationship to player

Parent's phone number

It is strongly recommended that this form be notarized. Most hospitals require consent form to be notarized.
Send copy to Department Baseball chairman. Team manager shall retain original.

Form2 Manerb 2015

Lingsheng Yao



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