



ALTERNATIVE BASEBALL ORGANIZATION

_____ Yearly Player Application / Registration Form

Name: _____

Age: _____ DOB: ___ / ___ / _____ Gender: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone #: (_____) _____ - _____ Affiliate/Location: _____

Parent/Guardian name (If applicable): _____

Diagnoses: _____

Any sports experience? Describe below!:

Does participant have appointed legal guardianship?

(Circle one. If yes, guardian/parent must sign in the placeholders below.)

YES

NO

I, on behalf of myself, or on behalf of my child/ward, understand, will adhere to, and knowingly accept the terms of the following:

DISCLAIMER A: All participants will be participating in a typical baseball/softball team experience which includes throwing, catching, and hitting a ball. Our goal is to make this a great experience for everyone involved, and while we use materials to best tailor to each individual participant, if needed, we depend on family members to judge if it's a safe sport for the participant. Furthermore, participants must attend at least 70% of the practices and games from the time this waiver is signed in order to qualify for the AllStar Game. Feel free to contact Alternative Baseball at (770)313-1762 or visit alternativebaseball.org for more information.

DISCLAIMER B: Any athlete that purposely injures or threatens to injure another athlete, coach, volunteer, or spectator will immediately be removed from the playing field & dugout. This action may result in permanent suspension from Alternative Baseball Organization, Inc. and any of its associated clubs.

X _____ YEARLY NATIONAL DONATION RECEIVED: _____ MANAGER'S INITIAL

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NOTE: ALTERNATIVE BASEBALL DOES NOT PROVIDE MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS. IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT, HOSPITALIZATION, AND/OR SURGERY, THE FAMILY MEDICAL INSURANCE MUST BE USED.

RELEASE AND HOLD HARMLESS AGREEMENT PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, it's physical demands, and how important it is to follow the rules, regulations, and instructions outlined by the staff of self- affiliated Alternative Baseball Club, Alternative Baseball Organization, Inc., and any of its venues, I am, or my child/ward is, to the best of my knowledge in good health and able to participate in the program. I, on behalf of myself, or on behalf of my child/ward, authorize the staff of my affiliated Alternative Baseball Club, Alternative Baseball Organization, Inc. & any of its host venues to organize required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. **I, on behalf of myself, or on behalf of my child/ward, hereby forever release, discharge, and covenant** to hold harmless Taylor Duncan, Alternative Baseball Organization, Inc., its affiliates, its volunteers, its venue, and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions, and causes of action belonging to me or my child/ward or arising out of any act or occurrence in connection with and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of participation in the recreation program sponsored by my affiliated Alternative Baseball chapter/club, Alternative Baseball Organization, Inc., and its venues. I, on behalf of myself, or on behalf of my child/ward, hereby bind my, or my child/ward's, heirs, administrators, executors and successors. Further, **this shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This release and hold harmless agreement shall constitute a full and complete release of any and all claims.**

X_____ Initial

PERMISSION TO USE PHOTOGRAPH/FILM

I, on behalf of myself, or on behalf of my child/ward, grant to the Alternative Baseball Organization, Inc., and its representatives/affiliates the right to take photographs and moving pictures of me, or my child/ward, and my, or my child/ward's, property in connection with the above - identified subject. I, on behalf of myself or on behalf of my child/ward, authorize my affiliated Alternative Baseball club, Alternative Baseball Organization, Inc., its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I, on behalf of myself, or on behalf of my child/ward, agree that my affiliated Alternative Baseball club and Alternative Baseball Organization, Inc. may use such photographs of me, or my child/ward, with or without my, or my child/ward's, name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

COVID-19 RELEASE AND WAIVER OF LIABILITY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. Alternative Baseball Organization, Inc. cannot

guarantee that I, or my child/ward, or anyone else will not become infected with COVID-19, including but not limited to my, or my child/ward's, family, guests or relatives. Participation in an Alternative Baseball Organization, Inc. program, related event or activity could increase the risk of contracting COVID-19.

By signing this application, **I, on behalf of myself, or on behalf of my child/ward, acknowledge the contagious nature of COVID-19 and voluntarily assume the risk** that I, or my child/ward, may be exposed to or infected by COVID-19 by participating in an Alternative Baseball Organization, Inc. program, related event or activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself or my child/ward. **I, on behalf of myself, or on behalf of my child/ward, further acknowledge and voluntarily assume the risk** that I, or my child/ward, may spread COVID-19 to others if I, or my child/ward, is/am exposed to or contract COVID-19 by participating in an Alternative Baseball Organization, Inc. program, related event or activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death to others, including but not limited to my, or my child/ward's, family, guests or relatives.

I, on behalf of myself, or on behalf of my child/ward, understand and voluntarily accept and assume all the foregoing risks related to COVID-19, and accept sole responsibility for any injury to myself or my child/ward, illness, damage, loss, claim, liability, or expense, of any kind, that I, or my child/ward, or others, including but not limited to my, or my child/ward's family, guests and relatives, may experience or incur in connection with my, or my child/ward's, participation in an Alternative Baseball Organization, Inc. program, related event or activity ("Claims").

On my behalf, or on my child/ward's behalf, and on behalf of my, or my child/ward's, heirs, administrators, executors and successors, I hereby **release, covenant not to sue, discharge and hold harmless** Taylor Duncan, Alternative Baseball Organization, Inc., and its affiliates, volunteers, employees, agents, venue and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Alternative Baseball Organization, Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Alternative Baseball Organization, Inc. program, related event or activity.

X_____ Initial

I have read and understand this application/registration form in its entirety.

Name of Participant: _____

Participant signature: _____

Date signed: _____

Name of Parent/Guardian (if applicable): _____

Parent/Guardian signature (if applicable): _____

Date signed (if applicable): _____