



# ALTERNATIVE BASEBALL ORGANIZATION

ALTERNATIVE BASEBALL™ / ALTERNATIVE BASEBALL ORGANIZATION, INC.

\_\_\_\_\_ YEARLY VOLUNTEER APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**(IF UNDER 18, PLEASE FILL PARENTAL PERMISSION FORM ON PAGE 4)**

**DO YOU HAVE ANY PRIOR EXPERIENCE IN AUTISM/SPECIAL NEEDS WORK AND/OR COACHING BASEBALL?**  YES  NO (Check one)

IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

**SPECIAL CERTIFICATION (CPR, MEDICAL, ETC.):**  YES  NO

\_\_\_\_\_

**In which of the following roles would you like to participate?** (Check one or more.)

Umpire  Assistant Coach  Scorekeeper  Other: \_\_\_\_\_

\_\_\_\_\_

**AS A CONDITION OF VOLUNTEERING**, I give permission for the Alternative Baseball Organization and AFFILIATE to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the affiliate receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Alternative Baseball AFFILIATE, Alternative Baseball Organization, Inc., the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Alternative Baseball Organization (or said AFFILIATE) is not obligated to appoint me to a volunteer position. If appointed, I understand that, I am subject to suspension by the President and removal by the Board of Directors for violation of Alternative Baseball policies or principles. Alternative Baseball Organization will use Sterling Volunteers/Verified Volunteers to conduct such background check, and I will pay for the background check.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): \_\_\_\_\_

**NOTE: The local Alternative Baseball Organization affiliate and Alternative Baseball Organization, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.**

**HAVE YOU EVER BEEN CONVICTED OF OR PLEADED NO CONTEST OR GUILTY TO ANY CRIME(S)?**

\_\_\_ YES \_\_\_ NO

If yes, please describe in full: \_\_\_\_\_

(Answering yes does not automatically disqualify you as a volunteer.)

**DO YOU HAVE ANY CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?**

\_\_\_ YES \_\_\_ NO

If yes, please describe in full: \_\_\_\_\_

(Answering yes does not automatically disqualify you as a volunteer.)

**HAVE YOU EVER BEEN REFUSED PARTICIPATION IN ANY OTHER YOUTH PROGRAMS?**

\_\_\_ YES \_\_\_ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Permission to Use Photograph/Film**

I grant to the Alternative Baseball Organization, Inc., and it's representatives/affiliates the right to take photographs and moving pictures of me and my property in connection with the above -identified subject. I 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 agree that my affiliated Alternative Baseball club and Alternative Baseball Organization, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand all of the above.

X \_\_\_\_\_

SIGNATURE

\_\_\_\_\_

**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, to the best of my knowledge in good health and able to participate in the program. I 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. The undersigned hereby forever release, discharges, and covenants to hold Taylor Duncan, Alternative Baseball Organization, Inc., its affiliates, its volunteers, its host venues, 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 the undersigned 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. The undersigned hereby bind their heirs, administrators, executors and successors. Further this agreement 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.

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

X \_\_\_\_\_

SIGNATURE

X \_\_\_\_\_

APPLICANT NAME

DATE SIGNED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ALTERNATIVE BASEBALL ORGANIZATION PARENTAL PERMISSION FORM LEGAL PARENT/GUARDIAN**

I, the parent/guardian, hereby give my approval to their participation in all Alternative Baseball Organization, Inc. and AFFILIATE activities during the year. I understand that the program, and any media companies conducting stories/documentaries may take pictures or video of events in which my child participates and owns any such images which include my child and may use it in any manner. I hereby waive, release, absolve, indemnify, and agree to hold blameless Taylor Duncan, Alternative Baseball Organization, Inc., its affiliates, its volunteers, its host venues, 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 the undersigned 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 also waive, release, absolve, indemnify, and agree to hold blameless Alternative Baseball Organization, and its administrators, and staff for any and all injuries or accidents that may occur on or around the ball park. I also agree to hold blameless Alternative Baseball Organization, the affiliate, and all people rendering medical attention in case of my absence.

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GUARDIAN/PARENTAL SIGNATURE

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GUARDIAN/PARENTAL PRINT NAME

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GUARDIAN/PARENT PHONE NUMBER

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GUARDIAN/PARENT EMAIL ADDRESS

## **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., nor the local licensee-affiliate 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 (held by an affiliate/licensee or the national organization at-large) 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 (held by an affiliate/licensee or the national organization at-large), 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 (held by an affiliate/licensee or the national organization at-large) (“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 (held by an affiliate/licensee or the national organization at-large).

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): \_\_\_\_\_