

SHASTA BASEBALL LEAGUE
PLAYER CONSENT FORM



READ THOUROUGHLY BEFORE SIGNING BOTTOM OF THIS DOCUMENT
PLACING SIGNATURE ON BOTTOM OF THIS PAGE EFFECTUATES CONSENT AS SET FORTH BELOW

By placing my signature at the bottom of this page, as a player and/or as an individual playing on the team set forth herein or as assigned by League officials, I hereby consent and agree to the following parameters as conditions of participation in the SHASTA BASEBALL LEAGUE.

I recognize, as a member of this organization, the authority of the SHASTA BASEBALL LEAGUE President and Board of Justice to determine and enforce organizational policy.

I certify that I have received, read, and fully understand the SHASTA BASEBALL LEAGUE Rules, Regulations, and Policies and the Code of Conduct.

I understand that violation of any part of these rules can result in disciplinary action against myself or my team, including forfeiture of games, suspension from play, or even permanent expulsion from the for this season or longer.

I warrant to the SHASTA BASEBALL LEAGUE that I am over 18 years of age (or over 17 with guardian's signature) and in good physical condition and that I have no impairments or ailments preventing me from engaging safely in the activities of baseball.

I certify that I have paid the SHASTA BASEBALL LEAGUE player's fees and that this is subject to verification. I also understand that if the fee is not paid, any game I participate in will be subject to forfeiture.

I understand that the SHASTA BASEBALL LEAGUE reserves the right to refuse any player or team permission to play in any SHASTA BASEBALL LEAGUE event.

I acknowledge that I shall be eligible to participate in SHASTA BASEBALL LEAGUE Playoff and Championship games only if I have been an eligible player in the SHASTA BASEBALL LEAGUE at least four games of the current season.

I understand that in the event of rain, any Acts of God or forces beyond SHASTA BASEBALL LEAGUE control, officials will make every reasonable effort to complete the full season. Alternate schedules, shortened games, reduced numbers of playoff teams or other means may be used to attempt to complete the season. I hereby acknowledge and agree that neither the SHASTA BASEBALL LEAGUE nor its agents may be held liable for games that cannot be played for reasons as described herein.

I understand that there is absolutely no medical insurance provided by the SHASTA BASEBALL LEAGUE. All players are responsible for providing their own medical insurance. (Read and sign MEDICAL WAIVER AND RELEASE OF LIABILITY page.)

I realize that the total responsibility of any personal injury, accident, illness, disability, death, property damage and/or other occurrence to any person, place or thing, including me and mine, that occurs due to my actions while I am participating in any SHASTA BASEBALL LEAGUE game and/or other function is solely mine.

In consideration of being permitted to participate in the activities of the SHASTA BASEBALL LEAGUE in any manner, including, but not limited to playing, practicing, coaching, observing, being on the field or in spectator areas for any purpose whatsoever, or in traveling to or from any related activities, and fully understanding that participation in the game of baseball includes the risk of injury due to participation, weather conditions, playing conditions, (including the types of bases, plates, fences, and equipment), other participants, of any magnitude including fatality, I hereby forever absolutely release and hold harmless the SHASTA BASEBALL LEAGUE, all government bodies, agents, servants, officers, public officials, volunteers, game officials, and sponsors from all claims for damage whatsoever of any kind now or in the future.

I have read this Player's Waiver and Consent; the SHASTA BASEBALL LEAGUE Rules, Regulations, and Policies; and the Code of Conduct. I understand that I freely and voluntarily accept all terms and conditions of each of these documents and understand that they are binding upon me, my heirs, my spouse in interest, and my assigns.

Player's Name (please print legibly)

Player's Signature

Today's Date

Player's Phone Number

Player's Birthdate

Player's City/Town of Residence

Player's Email Address

Player's Team Name

Player's Jersey # (if available)



SHASTA BASEBALL LEAGUE

MEDICAL WAIVER AND RELEASE OF LIABILITY

**READ THOUROUGHLY BEFORE SIGNING BOTTOM OF THIS DOCUMENT
PLACING SIGNATURE ON BOTTOM OF THIS PAGE EFFECTUATES WAIVER AS SET FORTH BELOW**

In consideration of being allowed to participate in any way in **SHASTA BASEBALL LEAGUE** athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **SHASTA BASEBALL LEAGUE** their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Player's Name (please print legibly)

Player's Signature

Today's Date

Emergency Phone Number

FOR PARTICIPANTS OF MINORITY AGE

(IF UNDER THE AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name (please print legibly)

Parent/Guardian Signature

Today's Date

Emergency Phone Number (if different than above)