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

AMERICAN LEGION BASEBALL

2023 Form #2

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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, hereby release, discharge, relinquish, agree not to take legal action agains hold harmless, and indemnify The American Legion, its officers, agents, representatives, employees and officials, ALB sponsors, supervisor participants, players, agents, coaches, managers and persons transporting me to and from ALB activities, from any claims, demand, action 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 deat sustained in connection with my participation in the ALB program, including but not limited to travel to and from program related activitie 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 wit or having any impact or effect upon the ALB program, rules, tournaments, administration, or games. Except as otherwise provided above, 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 users consent to exclusive jurisdiction and venue in such courts for such purpose. I certify that I am a legal United States citizen, or possess legal residency, or visitor status to be in the United States, and that I shall provid proof of said legal status if requested prior to or during any American Legion national-level ALB participation. I further understand that shall be denied participation in any American Legion national-level youth programs if I refuse to comply with providing proof of said legistatus, or are not legally in the United States. 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 provision	PLAYER'S NAME Textify that the information shown above regarding me is correct. I agree to devote my entire service as an American Legion E player this season to	ERM
Text Mil List in Engagen on fowe home or bink criticals. In certify that the information shown above regarding me is correct. I agree to devote my entire service as an American Legion Baseball (ALT player this season to	Text. M. Last (as It agrees to above learned to the control of the	IT or TYPE
I certify that the information shown above regarding me is correct. I agree to devote my entire service as an American Legion Baseball (ALI player this season to Jensey this season to Jensey this season to Jensey the Season and their ruling shall be final without any rights of appeals. In addition, their ruling shall be cared that of an arbitrate to which the parties agree is a final adjudication of all matters in controversy. Procedures for filing an appeal to the National Baseball Appea Board or outlined in National Rule 10 of the American Legion Baseball Rule Book. Voluntarily and of my own free will, I elect to participal 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 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 safet I have read and understand National Executive Committee Resolution No. 16: Expectations for Rendering Proper Respect when Participatin in Programs of The American Legion, October 2016 (copy of which is available at www.archive.legion.org) and agree to be bound to the term of said resolution. I irrevocably consent to, and authorize the ALB, its licensees, agents, successors and assigns, to use my name, likeness, and voice and treproduce, distribute, display, and to prepare derivative works of any images or recordings of me taken, or in which I may be included, i conjunction 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 Fan Conduct Policy (copies	It certify that the information shown above regarding me is correct. I agree to devote my entire service as an American Legion I player this season to heart is season to continue the proper of the property of the American Legion National Appeals Board over any ruling disagreement(s), or subject matter having to do with or having any impact or effect upon the ALB program, rules, tournament tion, or games and their ruling shall be final without any rights of appeals. In addition, their ruling shall be considered that o to which the parties agree is a final adjudication of all matters in controversy. Procedures for filing an appeal to the National Ba Board are outlined in National Rule 10 of the American Legion Baseball Rule Book. Voluntarily and of my own free will, I elect 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 assu injury and damage incident to my participation in ALB. I agree in the event of illness or injury during an ALB game or practice consent to the performance of such diagnostic, medical and/or surgical treatment as may be deemed medically necessary to ass I have read and understand National Executive Committee Resolution No. 16: Expectations for Rendering Proper Respect wher in Programs of The American Legion, October 2016 (copy of which is available at www.archive.legion.org) and agree to be boun of said resolution. It irrevocably consent to, and authorize the ALB, its licensees, agents, successors and assigns, to use my name, likeness, and reproduce, distribute, display, and to prepare derivative works of any images or recordings of me taken, or in which I may be compensation to me. It have read ALB's Privacy Policy, Drug and Alcohol Policy, and Fan Conduct Policy (copies of which are 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, rules, tournaments, admini	
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Parent's or legal guardian's signature Parent's or legal guardian's printed name		
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American Legion Baseball

2023 Form #2 Continued

Medical Insurance Policy # Family physician & phone number	Player Information Sho	et Please PRINT or TYPE
Parent's telephone number Emergency contact person & phone number Emergency contact person & phone number Family physician & phone number High school attended Vear of graduation Sum of Player's School's enrollment (grades 10, 11, 1) Player's email address Player's Birth Date (Mo/Day/Yea Primary position Player's height Player's weight NOTE: This Form Does NOT Need to be NOTARIZED The content below should be filled out by a notary. NOTE: This Form Does not Need to be not Notarized to be not	Player's name <mark>(first, middle, last)</mark> AND ce	phone # (enter above)
Medical Insurance Policy # Family physician & phone number High school attended Year of graduation Sum of Player's School's enrollment (grades 10, 11, 1)	Parent's home address (street address, city, s	te, ZIP) enter above
Medical Insurance Policy # Family physician & phone number High school attended Year of graduation Sum of Player's School's enrollment (grades 10, 11, 1 Player's email address Player's Birth Date (Mo/Day/Yea Primary position Player's height Player's weight Primary position Player's height Player's weight Bats Throws NOTE: This Form Does NOT Need to be NOTARIZED The content below should be filled out by a notary. Journal of the foregoing instrument.		
High school attended Year of graduation Sum of Player's School's enrollment (grades 10, 11, 1 Player's email address Player's Birth Date (Mo/Day/Yea Primary position Player's height Player's weight NOTE: This Form Does NOT Need to be NOTARIZED The content below should be filled out by a notary. I,	Parent's telephone number	Emergency contact person & phone number
High school attended Year of graduation Sum of Player's School's enrollment (grades 10, 11, 1 Player's email address Player's Birth Date (Mo/Day/Yea Primary position Player's height Player's weight NOTE: This Form Does NOT Need to be NOTARIZED The content below should be filled out by a notary. I,		
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	Witness my hand and official seal, this the _	
Notary Public My commission expires		[SEAL]
	Notary Public	My commission expires