

MEN'S SENIOR/MEN'S ADULT BASEBALL LEAGUE, INC.

WAIVER AND RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way for the Men's Senior Baseball League, Inc / Men's Adult Baseball League, Inc (MSBL/MABL), its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree 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 skills, 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 Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS MSBL/MABL, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, 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.

X _____
PARTICIPANT'S SIGNATURE

Age: _____

Date Signed: _____, 2015

First Name [Grid: 12 empty boxes]

Last Name [Grid: 12 empty boxes]

Local MSBL/MABL League Playing IN

[Grid: W E S T T E X A S A D U L T B A S E B A L L]

DOB [Grid: / /]

CELL PHONE ([Grid:]) [Grid: -]

E-MAIL ADDRESS [Grid: 25 empty boxes]

I hereby agree and consent to the following parameters as conditions of participation in the Long Island Men's Senior/ Men's Adult Baseball Leagues, Inc:

I will observe all rules as established by the Men's Senior/Adult Baseball League, Inc.

I understand that fighting, physical abuse of players, umpires, or spectators, and the use of abusive or offensive language will not be tolerated by the MSBL/MABL and violation of this rule could result in my banishment or suspension from the tournament and forfeiture of all fees paid.

I realize that Men's Senior Baseball League, Inc. and facilities do NOT possess a defibrillator.

I realize that there is no guaranteed playing time on any given team, associated with regular season and tournament play.

I certify that I am, or will turn 25 years of age this calendar year.

I certify the following:
I have never played any level of professional baseball _____
I have played professional baseball, last year played _____
I have played professional baseball, highest level played _____