
NORTHEAST SELECT BASEBALL PROSPECTS TOURNAMENT

**2012 PLAYER and COACH AGREEMENT TO PARTICIPATE WITH
MEDICAL INSURANCE INFORMATION and WAIVER/RELEASE OF LIABILITY**

♦♦ PERSONAL and MEDICAL INSURANCE INFORMATION ♦♦

PLAYER'S/COACH'S TEAM NAME: _____

PLAYER'S/COACH'S NAME: _____

ADDRESS: _____ APT./UNIT: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ / _____ / _____ CONTACT TEL.: _____
MONTH DAY YEAR

EMAIL(S): _____

PARENT(S)/GUARDIAN(S) NAME: _____

(IF UNDER AGE 18)

INSURANCE COMPANY: _____

POLICY HOLDER NAME: _____ POLICY NUMBER: _____

♦♦ WAIVER/RELEASE OF LIABILITY ♦♦

DISCLAIMER: NORTHEAST SELECT BASEBALL AND AFFILIATED COMPANIES, INCLUDING, BUT NOT LIMITED TO, THE STRIKE ZONE, THE COLLEGE OF THE HOLY CROSS, WORCESTER ACADEMY, ETC. ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR IN ANY OTHER WAY INVOLVED IN NORTHEAST SELECT BASEBALL PROSPECTS TOURNAMENT ACTIVITIES FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF NORTHEAST SELECT BASEBALL OR ITS AGENTS, EMPLOYEES, SPONSORS, VOLUNTEERS, THE OWNERS AND LESSORS OF THE PREMISES AND ALL OTHERS WHO ARE INVOLVED.

In consideration of my being allowed to participate in the Northeast Select Baseball Prospects Tournament, related events and activities, I hereby release Northeast Select Baseball and any of their representatives, employees, agents, volunteers, agents, sponsors, etc. from any and all present and future claims resulting from ordinary negligence on the part of Northeast Select Baseball or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in activities at Northeast Select Baseball Prospects Tournament. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns.

Furthermore, I am aware that baseball is a vigorous team sport, at times involving severe cardiovascular stress and violent physical contact. I understand that baseball involves certain risks, including, but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that baseball involves a particularly high risk of ankle, knee, head and neck injury. In addition, I understand that participation in Northeast Select Baseball Prospects Tournament involves activities incidental thereto, including, but not limited to, travel to and from the site activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants.

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I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I further agree to indemnify and hold harmless Northeast Select Baseball and any of their representatives, employees, agents, volunteers, agents, sponsors, etc. for any and all claims arising as a result of my engaging in activities at the Northeast Select Baseball Prospects Tournament.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws within the Commonwealth of Massachusetts and agree that if any portion is held invalid the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be held within the Commonwealth of Massachusetts

PLAYER – READ and SIGN: By signing below, I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this Form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Northeast Select Baseball or any of the parties listed in the aforementioned.

PLAYER'S PRINTED NAME: _____

PLAYER'S SIGNATURE: _____ **DATE:** _____

If Player is under the age of 18 at the time this release is executed, please complete the following:

PLAYER PARENT/GUARDIAN – READ and SIGN: This is to certify that I, as parent/guardian with legal responsibility for this player, have indeed read the above waiver and agreement to participate and agree to his/her release as provided of all the releases and for myself, my heirs, assigns and next of kin, I release and agree to hold harmless the liabilities incident to my minor child's involvement or participation in these outlined activities or programs as provided above, EVEN IF ARISING FROM THEIR ORDINARY NEGLIGENCE, to the fullest extent permitted by the law.

I further agree to instruct my/our minor child to comply with the stated and customary terms and conditions for participation in the program or activity itself. If the minor child does not comply, I will remove my child from participation and bring such to the attention of the nearest Northeast Select Baseball official immediately.

I further agree, as parent/guardian, that the above player is adequately covered by my own personal health or athletic participant liability insurance while at Northeast Select Baseball.

PLAYER'S PARENT/GAURDIAN PRINTED NAME: _____

PARENT/GAURDIAN SIGNATURE: _____ **DATE:** _____

COACHES – READ and SIGN: I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Northeast Select Baseball or any of the parties listed above.

I further agree that I, as a coach, have adequate personal health or athletic participant liability insurance to cover my participation while at Northeast Select Baseball Prospects Tournament.

COACH'S PRINTED NAME: _____

COACH'S SIGNATURE: _____ **DATE:** _____