

AMERICAN LEGION SOFTBALL



2024 Form #2

Player Agreement

Please **PRINT** or **TYPE**

PLAYER'S NAME

First, MI, Last (as it appears on driver license or birth certificate)

I certify that the information shown above regarding me is correct. I agree to devote my entire service as a Wisconsin American Legion Softball (WALSB) player this season to (team name). I agree to abide by all WALSB rules and regulations. I agree to accept the sole, exclusive and final jurisdiction and authority of Department Judge Advocate over any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the WALSB program, rules, tournaments, administration, or games and their ruling shall be final without any rights of appeals. In addition, their ruling shall be considered that of an arbitrator to which the parties agree is a final adjudication of all matters in controversy. Procedures for filing an appeal to the WI Appeals Board are outlined in WI SB Rule 7 of the Wisconsin American Legion Softball Handbook. Voluntarily and of my own free will, I elect to participate in the WALSB program and as a member of my WALSB team.

I understand and acknowledge that the very nature of softball has hazards that can cause serious injury and/or death. I assume all risks of injury and damage incident to my participation in WALSB. I agree in the event of illness or injury during a WALSB 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 safety.

I have read and understand Executive Committee Resolution No. 16: Expectations for Rendering Proper Respect when participating 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 terms of said resolution.

I irrevocably consent to, and authorize the WALSB, its licensees, agents, successors and assigns, to use my name, likeness, and voice and to reproduce, distribute, display, and to prepare derivative works of any images or recordings of me taken, or in which I may be included, in 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 WALSB's Privacy Policy, Drug and Alcohol Policy, (copies of which are available at wilegion.org/legion-softball) and agree to be bound to the terms of each such policy.

In consideration of the privilege to participate in the WALSB program, I hereby release, discharge, relinquish, agree not to take legal action against, hold harmless, and indemnify The American Legion, its officers, agents, representatives, employees and officials, WALSB sponsors, supervisors, participants, players, agents, coaches, managers and persons transporting me to and from WALSB activities, from any claims, demand, actions, and cause of action of any sort, arising out of my participation in the WALSB program, including, but not limited to, (1) any injury or death sustained in connection with my participation in the WALSB program, including but not limited to travel to and from program related activities, 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 with or having any impact or effect upon the WALSB program, rules, tournaments, administration, or games. Except as otherwise provided above, I agree that any dispute arising out of this agreement shall be governed by the laws of Wisconsin, notwithstanding any conflicts of law principles. Any action relating to this agreement must be filed and maintained in a court in the state of Wisconsin, 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 provide proof of said legal status if requested prior to or during any American Legion participation. I further understand that I shall be denied participation in any American Legion youth programs if I refuse to comply with providing proof of said legal status, or are not legally in the United States.

Player's signature

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 provisions on the above player's behalf.

Parent's or legal guardian's signature

Parent's or legal guardian's printed name

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2024 Form #2 Continued

Player Information Sheet

Please **PRINT** or **TYPE**

Player's name (*first, middle, last*)

Parent's home address (*street address, city, state, ZIP*)

Parent's telephone number

Medical Insurance Policy #

Emergency contact person & phone number

Family physician & phone number

High school attended

Year of graduation

Player's email address

Primary position

Bats

Total school enrollment (*grades 9-12*)

Player's Birth Date (Month/Year)

Player's height

Throws