

SUPER-8 HIGH SCHOOL LEAGUE PLAYER CONTRACT & WAIVER

2014

SUMMER ☐ FALL ☐ TEAM _____ Grade: 8 9 10 11 12 (Circle One)

PLAYER INFO:

PLAYER LAST NAME: _____ FIRST NAME: _____ D.O.B: ____/____/____

ADDRESS: _____ CITY: _____ ZIP: _____

MAIN CONTACT PHONE: _____ PLAYER CELL: _____

ANY MEDICAL CONDITIONS: YES OR NO

IF YES EXPLAIN:

PARENT/GUARDIAN INFO:

FATHER NAME (LAST, FIRST) _____ FATHER CELL PHONE _____ FATHER E-MAIL ADDRESS _____

MOTHER NAME (LAST, FIRST) _____ MOTHER CELL PHONE _____ MOTHER E-MAIL ADDRESS _____

SUMMER AND FALL BASEBALL BY SIGNING BELOW YOU WILL BE A MEMBER OF THE TEAM LISTED FOR EACH SEASON. WHETHER, IN THE LINE-UP OR ON THE BENCH. TRANSFER TO OTHER TEAMS WILL BE UP ENTIRELY ON THE LEAGUE OFFICIALS. THERE WILL BE NO ILLEGAL DRUGS OR ALCOHOL PERMITTED AT ANY EVENT. IF THERE IS A VIOLATION THE PLAYER OR PARENTS WILL BE DISMISSED FROM THE LEAGUE. WE HEREBY WAIVE ANY AND ALL CLAIMS AND CAUSES OF ACTION FOR DAMAGES FOR PERSONAL INJURIES OR OTHERWISE TO THE PLAYER WHICH MAY ARISE BY VIRTUE OF ACTS, OR OMISSIONS TO ACTS, NEGLIGENT OR OTHERWISE ON THE PART OF SUPER-8 LEAGUE/S-8/NTB BATTING CAGES, AND ALL OF THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, MANAGERS, COACHES, AGENTS, UMPIRES, SCORERS, HIGH SCHOOLS, COLLEGES, THEIR FIELDS, AND SPONSORS(ALL INDEMNITIES HEREIN), AND AGREE TO HOLD SAID INDEMNITIES HARMLESS AND INDEMNIFY THEM AGAINST ALL CLAIMS. BY SIGNING BELOW, YOU(PARENT/GUARDIAN) OF THE ABOVE MENTIONED PLAYER, AGREE TO ACCEPT RESPONSIBILITY FOR ALL FEES/DUES OWED TO SUPER-8 HS BASEBALL. NO REFUNDS. ALSO BY SIGNING THIS CONTRACT YOU AGREE TO RESPECT ALL COACHING DECISIONS (PLAYING TIME) ON AND OFF THE FIELD. EACH PLAYER MUST PROVIDE THEIR OWN INSURANCE.

_____/_____/_____
PLAYERS SIGNATURE DATE SIGNED

INSURANCE CO: _____

POLICY #: _____

_____/_____/_____
PARENTS SIGNATURE DATE SIGNED

AFFIDAVIT OF INDEMNITY

AS INDUCEMENT OF SUPER-8/NORTH TEXAS BASEBALL LEAGUE (S-8 /NTB HEREIN) TO ACCEPT THIS PLAYER IN THE BASEBALL PROGRAM OFFERED BY S-8/NTB IN THE D/FW AREA, WE HEREBY WAIVE ANY AND ALL CLAIMS AND CAUSES OF ACTION FOR DAMAGES FOR PERSONAL INJURIES OR OTHERWISE TO THE PLAYER WHICH MAY ARISE BY VIRTUE OF ACTS, OR OMISSIONS TO ACTS, NEGLIGENT OR OTHERWISE ON THE PART OF SUPER-8 LEAGUE/ S-8/NTB BATTING CAGES, AND ALL OF THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, MANAGERS, COACHES, AGENTS, UMPIRES, SCORERS, HIGH SCHOOLS, COLLEGES, THEIR FIELDS, AND SPONSORS(ALL INDEMNITIES HEREIN), AND AGREE TO HOLD SAID INDEMNITIES HARMLESS AND INDEMNIFY THEM AGAINST ALL CLAIMS. THIS AFFIDAVIT OF INDEMNITY EXTENDS TO ANY CLAIM, SUIT, OR ACTION BROUGHT BY THE PLAYER OR ON HIS BEHALF OR BY OR FOR MY(OUR) BENEFIT, OR BY OR FOR THE BENEFIT OF ANY OTHER PERSON OR ENTITY IT BEING MY(OUR) SPECIFIC INTENT TO FULLY INDEMNIFY, AND HOLD HARMLESS THE INDEMNITIES LISTED HEREIN WITHOUT LIMITATIONS OF ANY KIND AS TO PARTY, NATURE OF CLAIM OR TIME OF INTERVAL INVOLVED. I(WE) UNDERSTAND AND AGREE THAT S-8/NTB DIRECTORS, OFFICERS, MANAGERS, COACHES, EMPLOYEES, HIGH SCHOOLS, COLLEGES, THEIR FIELDS AND SPONSORS, HAVE NO OBLIGATION TO PAY, OR FURNISH INSURANCE TO PAY, ANY MEDICAL, DENTAL, OR HOSPITAL BILLS THAT MAY BE INCURRED BY AN PLAYER. I(WE) HEREBY ACCEPT SOLE RESPONSIBILITY FOR ANY SUCH BILLS THAT MAY ARISE FROM INJURY TO THE PLAYER. IF THE PLAYER IS INJURED, I(WE), AGREE TO HOLD HARMLESS AND AUTHORIZE ANYONE AVAILABLE TO PROVIDE HIM WITH WHATEVER FIRST AID OR EMERGENCY TREATMENT THAT MAY BE DEEMED APPROPRIATE AT THE TIME. I(WE), FURTHER WAIVE ANY AND ALL RIGHTS, CLAIMS, ACTIONS, CAUSES OF ACTIONS, OR SUITES. I(WE), OR EITHER OF US, MAY HAVE OR MAY HEREAFTER HAVE AS A RESULT OF ANY PERSONAL INJURY OR PROPERTY DAMAGE I(WE) MAY INCUR WILL IN ATTENDANCE AT ANY PRACTICE, SCRIMMAGE, GAME, PERSONAL INSTRUCTION OR OTHER ACTIVITY OF S-8/NTB. THIS AFFIDAVIT OF INDEMNITY EXTENDS TO ANY CLAIM, SUIT OR ACTION BROUGHT BY ME(OR US) FOR ON MY(OUR) BEHALF, OR FOR OR ON BEHALF OF ANY OTHER PERSON OR ENTITY, IT BEING MY(OUR) SPECIFIC INTENT TO FULLY INDEMNITY AND HOLD HARMLESS THE INDEMNITIES LISTED HEREIN WITHOUT LIMITATIONS OF ANY KIND TO PARTY, NATURE OF CLAIM, AMOUNT OF CLAIM OR TIME INTERVAL INVOLVED. I(WE) FULLY UNDERSTAND THE IMPORT AND SIGNIFICANCE OF SIGNING THIS AFFIDAVIT OF INDEMNITY AND HAVE SECURED THE ADVICE OF AN ATTORNEY IF I(WE) DEEMED IT NECESSARY TO MY(OUR) FULL UNDERSTANDING. I(WE) FURTHER UNDERSTAND THAT S-8/NTB HAS NO OBLIGATION TO ACCEPT THE PLAYER AS A PARTICIPANT AS A PLAYER AND I(WE) DEEM IT A MATERIAL BENEFIT AND SUFFICIENT CONSIDERATION FOR THE GIVING OF THE AFFIDAVIT OF INDEMNITY.

PARENT (LEGAL GUARDIAN) SIGNATURE _____ DATE _____