

# Upper Arlington Junior Baseball Association

## 2012 Player Profile, Release and Waiver

Note: UAJBA offers a rewarding and competitive baseball opportunity in Upper Arlington for players age 8 – 14. The UAJBA season will run from approximately mid March to early July. Players will notified by 8/14 on whether they have made the one of the teams. Note the tryouts are open each year so players are encouraged to continue to tryout.

Player: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age on April 30, 2011 U8 U9 U10 U11 U12 U13 U14

School Attending: \_\_\_\_\_ Grade \_\_\_\_\_

Previous Season Team: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents:

Name \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

See Release and Waiver, your child cannot participate without a signed Release and Waiver

Release and Waiver

In consideration of the services of Upper Arlington Junior Baseball Association, their officers, agents, employees, volunteers, advertisers, and all other persons associated with the organization (hereinafter collectively referred to as "UAJBA"), including the opportunity for my child to participate in the evaluation process and be considered for a position on a UAJBA team, I agree as follows:

Although UAJBA has taken reasonable steps to provide you with appropriate equipment, facilities and adult supervision, we wish to remind you that baseball is not without risk. Certain risks including, but not limited to being struck by a bat/ball and/or colliding with objects/people cannot be eliminated. I am aware that baseball entails risks of injury or death to my child. I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and other risks inherent to playing baseball. My child's participation in this activity is purely voluntary and I elect for him/her to participate in spite of the risks.

I certify that I my child is fully capable of participating in this activity. Therefore, I assume full responsibility for any bodily injury, death, and loss of personal property and expenses thereof as a result of those inherent risks and dangers (both known and unanticipated) and of my child's negligence in participating in this activity.

I agree that if any portion of this Release and Waiver is found to be void or unenforceable, the remaining portions shall remain full force and effect.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be in effect and binding upon myself, my heirs, personal representatives and estates for all members of my family including me child who is participating in the UAJBA evaluation process. I acknowledge I am not relying on any oral, written, or visual representation or statements made by UAJBA, including those made in this brochure and other promotional material, to induce me to allow my child to participate in the UAJBA evaluation process.

Photographic Release: UAJBA reserves the right to take photographs or film records of any UAJBA activity (including the evaluation process) and the undersigned hereby agrees that UAJBA may use such photographs or film records for promotional and/or commercial purposes.

By signing below, I hereby certify that I have read, understood and accepted all terms of this Release and Waiver.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_