



BASEBALL CLUBS OF CAPE COD

105 Ferndoc Street Unit C-1 Hyannis, MA 02601

MEN'S ADULT BASEBALL LEAGUE

One Huntington Quadrangle, Suite 3NO7 Melville, NY 11747



PLAYER'S WAIVER AND CONSENT

Warranty of Player's Fitness

The undersigned (hereinafter, "the Player") hereby warrants to the Men's Adult Baseball League, Inc (hereinafter, MABL) and the Baseball Clubs of Cape Cod (hereinafter, BCCC) that he is eighteen (18) years of age or older, is in good physical condition, and that he has no impairment or ailment preventing him from engaging in the activities of the leagues.

Absolute Release of Liability

In consideration of being permitted to participate in the activities of the MABL and BCCC in any manner, including but not limited to playing, practicing, coaching, spectating or being on the field or in spectator areas for any purpose whatsoever, and fully understanding that participation in the game of baseball includes the risk of serious personal injury, the undersigned Player fully and absolutely assumes responsibility for the risk of injury due to participation, weather conditions, playing conditions (including the type of bases, plates, fences, and equipment) other participants, of any magnitude including fatality, and does hereby forever absolutely release, even for their own negligence, and agrees to hold harmless the Men's Adult Baseball League, Inc and Baseball Clubs of Cape Cod; all government bodies and landowners that may sanction or permit the participation in the game of baseball; all employees, other participants, agents, servants, officers, public officials, volunteers, game officials and sponsors from all claims for damage whatsoever of any kind now or in the future.

Player's Participation in National Tournaments and Local Leagues

The Player shall participate as a member on a team called the _____, which is a team in the **BASEBALL CLUBS OF CAPE COD**. As a member of the BCCC, the Player shall be eligible to participate in the National Tournaments, as organized by the MABL, according to the regulations promulgated by the National League. The Player also acknowledges that he must play in at least 50% of all regular season played MABL games in a given year, or 15 regular season played games, for a single season in the local MABL league, which only plays one season annually, whichever is least, to qualify for that year's participation in a National Tournament. Failure to do so will result in the participating team's forfeiture. The Player recognizes, as a member of this organization, the authority of the Executive Director, Associate Director, and the Board of Directors to determine and enforce organizational policy. The Player agrees to abide by all Rules and Regulations as set forth by the League Commissioner, League President, and Executive Committee. Failure to abide by all Rules and Regulations could result in suspension or expulsion and possible forfeit of all games in which Rules and Regulations were not abided by.

Limitation of Liability

The Player shall participate in BCCC and MABL programs and/or use any of the League's facilities, services or equipment at his own risk. The Player waives any and all claims, of whatsoever kind or nature, that may arise against the National League as a result of the Player's participation in the Local League's or the National League's recreational baseball program. The player realizes that there is no guaranteed playing time on any given team, associated with regular season and tournament play. The Player also acknowledges recognition of the MABL and BCCC rules and any deviation of "helmet" requirements (the rule being that all batters and runners must wear helmets at all times) is at their own risk. The Player also acknowledges recognition of the fact that neither medical insurance or liability insurance are inherent with local league/national membership. Medical and liability insurance are made available to all affiliates through the national organization to all leagues, through league director correspondence. A league may elect, on a league basis only, to purchase medical insurance for their teams as made available through MABL. Such coverage would include coverage for any injury sustained from participating in an MABL sanctioned game or practice as provided under the terms and limitations of the insurance policy. Such insurance would be purchased directly through Gagliardi Brothers Insurance.

I, the Player, have read this release and understand that it is an absolute release and I freely and voluntarily accept its terms and understand it is binding upon me, my heirs, spouse in interest and assigns.

Executed this _____ day of _____, 200_____

Player's Signature

Player's Name (Print)



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BCCC/MABL League Participation Contract

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|---------------------------|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--------------|--|--|--|
| First Name | | | | | | | | | Last Name | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | Apt | | | |
| City | | | | | | | | | | | | | | | | | | State | | | |
| Zip | | | | | | | | | Home Telephone | | | | | | | | | | | | |
| DOB | | | | | | | | | Work Telephone | | | | | | | | | | | | |
| | | | | | | | | | Cell Telephone | | | | | | | | | | | | |
| E-Mail Address | | | | | | | | | | | | | | | | | | | | | |
| Fielding Positions | | | | | | | | | | | | | | | | | | | | | |

I hereby agree and consent to the following parameters as conditions of participation in the Men's Adult Baseball League and the Baseball Clubs of Cape Cod:

I will observe all rules as established by the Executive Committee of the Baseball Clubs of Cape Cod at all times.

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 BCCC, and violation of this rule could result in my banishment or suspension from the league and forfeiture of all fees paid.

I certify that I am, or will turn, 18 years of age this calendar year.

I realize that the total responsibility for any injury, accident, incident, illness, or death to me or my person while participating in ANY BCCC/MABL activity, game, practice or function, including, but not limited to any BCCC/MABL mandated or scheduled functions are solely mine. I fully realize that any cost incurred for any reason are mine.

By signing this agreement I release the Baseball Clubs of Cape Cod and the Men's Adult Baseball League from any liabilities or cost.

I fully agree that the terms and conditions of this agreement are binding.

Player's Signature

Date

Manager's Signature

Date