**Last Name**

# Participation Waiver Agreement

(Coaches, Managers, & Trainers Only)

The *National Club Baseball Association* provides an opportunity to participate in a nationally competitive baseball league. Unfortunately, the chance of risk is always possible due to the strenuous physical activity involved with any baseball league. Probable injuries could include, but are not limited to muscle strains, back injuries, sprains, broken bones, strokes, cardiac malfunction, or other types of catastrophic injury. Therefore, all participants must reduce their chances of injury.

The safe conduct of any group activity, such as the *National Club Baseball* *Association*, relies upon the individual actions of each member of the group. The participant has an obligation to refrain from dangerous or disruptive activity that might endanger the participant or any other member of the group. The use of drugs, alcohol, or any other substances that could cause danger or detrimental effects upon the participant’s performance as a member of this organization is strictly prohibited. In addition:

1. I understand that it is recommended that all participants have a physician’s clearance prior to engaging in any activity involving the *National Club Baseball Association.*
2. If any injury would occur during any activity dealing with the *National Club Baseball Association,* I understand that any members associated directly or indirectly with the *NCBA* are **NOT** liable for any medical care, property damage, death or money compensation that could occur.
3. I understand that any travel conducted in conjunction with the *National Club Baseball Association* is voluntary and discretionary. Thus, the *NCBA* does **NOT** assume any liability for such voluntary travel.
4. I certify that I have adequate medical/hospital insurance coverage that will cover any and all medical expenses resulting from my participation in any activity of the *National Club Baseball Association*.

INSURANCE COMPANY

POLICY NUMBER

1. Most importantly, I understand that I am playing completely at my **OWN** risk. I agree to play in a safe and prudent manner at all times and under the safety guidelines adopted by the *National Club Baseball Association.*  A copy of these guidelines may be downloaded from the NCBA website, at [www.clubbaseball.org](http://www.clubbaseball.org/). Any violation of these rules will result in an immediate withdrawal from the *National Club Baseball Association*.

## PARTICIPANTS CERTIFICATION

1. I have read and understand the risks involved with the physical nature of the *National Club Baseball Association*.
2. I have read and understand the importance of securing a physician’s clearance prior to participating the *National Club Baseball Association*.
3. I agree to follow the posted safety guidelines and the verbal instruction given to me on the proper safety procedures expected by the *National Club Baseball Association.*
4. I agree to allow the *National Club Baseball Association* and its sponsors the right to use images of me participating in the *National Club Baseball Association* for advertising and promotional purposes.

Participants Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(To be filled in COMPLETELY and TYPED by all NCBA Coaches, Managers, and Trainers.)

Name of Participating Institution:

### First Name: Last Name: MI: SS# (Just Last 4) XXX-XX-

Permanent Mailing Address:

Email Address: