

South Dakota A Baseball Program

2017 SDB Player Agreement Form #2A

PLAYER'S NAME:

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

I certify that the information above regarding me is correct. I agree to devote my entire service as a South Dakota AA Baseball (SDB) player this season to (team name). I agree to abide by all SDB rules and regulations. I agree to accept the sole, exclusive and final jurisdiction and authority of The SDB Appeals Board over any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the SDB program, rules, tournaments, administration, or games. Voluntarily and of my own free will, I elect to participate in the SDB program and as a member of my SDB team.

I understand and acknowledge that the very nature of baseball has hazards that can cause serious injury and/or death. I assume all risks of injury and damage incident to my participation in SDB. I agree in the event of illness or injury during an SDB 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 irrevocably consent to, and authorize the SDB, 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 SDB's Privacy Policy, Drug and Alcohol Policy, and Fan Conduct Policy (copies of which are available from your team manager and agree to be bound to the terms of each such policy.

In consideration of the privilege to participate in the SDB program, hereby release, discharge, relinquish, agree not to take legal action against, hold harmless, and indemnify The SDB, its officers, agents, representatives, employees and officials, SDB sponsors, supervisors, participants, players, agents, coaches, managers and persons transporting me to and from SDB activities, from any claims, demand, actions, and cause of action of any sort, arising out of my participation in the SDB program, including, but not limited to, (1) any injury or death sustained in connection with my participation in the SDB 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 SDB 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 South Dakota, notwithstanding any conflicts of law principles. Any action relating to this agreement must be filed and maintained in a court in the state of South Dakota, and users consent to exclusive jurisdiction and venue in such courts for such purpose.

Parents or Guardians Information

Parent's or legal guardian's signature

Medical insurance & policy number for player

Parent's or legal guardian's printed name

Family physician & phone number

Date

Emergency contact person & phone number

Relationship to player

Parent's phone number

! Include a copy of your drivers license or Birth Certificate with this form !