



DEPARTMENT OF WASHINGTON AMERICAN LEGION BASEBALL

REQUEST FOR DUAL PARTICIPATION

Request Must Be Made 1 Week Prior to Dual Participation Date

I, the undersigned, hereby agree and confirm that I want to also play baseball for _____ team during the period _____ at my cost and risk. I understand and agree that I am not entitled to any expenses, compensation, salary or remuneration of any nature whatsoever as a condition to play for the aforementioned team. I furthermore agree and understand that in consideration for the American Legion granting me permission to dual participate, that certain risks are associated with such activities, which I hereby irrevocably and unconditionally release and waive all claims of any nature now or hereafter existing, whether know or unknown, against the American Legion and all of its employees, officers, partners, directors, shareholders, owners and/or affiliates resulting in whole or in part from my participation in such activities, INCLUDING ANY ALL CLAIMS THAT MAY ARISE IN WHOLE OR PART DUE TO THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES, to the fullest extent permissible by applicable law.

I understand that when the American Legion District/Zone/State tournaments begin that I must terminate my dual participation, or I will not be eligible to play for the American Legion.

I have carefully read the foregoing waiver and release, understand its content, meaning, and purpose, and agree to all the terms with full knowledge and understanding and without any coercion or duress.

Print Name of Manager

Signature of American Legion Baseball
Manager

Print Name of Player

Signature of Player Requesting Release

Print Name of Parent/Guardian

Signature of Parent or Guardian

Date

Signature of Department Baseball Chairman

Mail or Fax To: Department Baseball Chairman

PO Box 1359, Centralia WA. 98531 – Fax 360-807-2015