

SOUTHERN MARYLAND BLUE CRABS TRY OUT WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

	NAME	POSITION		
	Bat: Left Right Throw: L	_eft Right Height:	Weight:	
	Pro Experience: Drafted? Yes	No Year: Team: _		
	Hometown:	High School:		
	College:	Years Played:		
	Street Address:	City, State & Zip:		
	Phone: Date of	Birth: Social Secu	rity #:	
	Email Address:			
	Emergency Contact Name & Phone	#:		
	and participate in baseball events of the Res heirs, next of kin and/or any others, agrees a	stricted Area of the designated band on the direct representation the	thern Maryland Blue Crabs professional baseball team, and to enter and engage aseball field, the undersigned, for himself, his personal representatives, assigns at he has, or will, inspect the designated Restricted Area of the baseball field and Vaiver and Release applies, and now therefore the undersigned:	3,
۱.	coaches or team members, used to conduct this try-out event, and each of them, their officers and employees, hereinafter referred to as RELEASEES, from all liability to the undersigned, whether caused by negligence of releasees or otherwise, while the undersigned is in or on the Restricted Area, and competing, observing, working for or in any way participating in the try-out event; and,			
<u>}</u> .	cost they may incur due to the presence of undersigned in, or upon the RESTRICTED AREA, or in any way, competing, observing, or working and trying out or for any purpose participating in the try out event, and whether caused by negligence of the Releasees, or otherwise; and,			
۱.	individually or with others, may be made at such times or places as Club or may designate and agrees that all rights therein and all rights to the Undersigned's name, voice, signature, biographical information and likeness recorded during this tryout event shall belong to Club and that they may be used, reproduced sold, licensed, or otherwise disseminated or published by Club, or its assignees, and/or other designees directly or indirectly in any medium whatsoever for an purpose (including, but not limited to, in broadcast, in print, in electronics, in audio, in video or in connection with any media), in any manner and at any time			
and, THE UNDERSIGNED HAS NO PHYSICAL OR MENTAL DEFECTS OR PRE-EXISTING CONDITIONS WHICH WILL PREV PARTICIPATION IN THE TRY OUT EVENT and has never sustained any physical or mental disabilities, or defects, or pre-existing co exacerbated or otherwise worsened by participating in this try out event.				
	THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT, and further agrees that no oral representation, statements or inducements apart from this foregoing written agreement have been made.			
	LOCATION: BLUE CRABS STADIUM DATE: SUNDAY, APRIL 15, 2018			
	PARTICIPANT'S SIGNATURE	PRINTED NAME	REGISTRATION FEE DUE WITH APPLICATION	
			NON-REFUNDABLE \$75 FEE TO:	
	WITNESS SIGNATURE	PRINTED NAME	SOUTHERN MARYLAND BLUE CRABS 11765 ST. LINUS DRIVE WAI DORF MD. 20602	

301-638-9788