



# 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 Department State Tournament begins, up and through the American Legion World Series, 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

**ALB Form #6  
(8/2014)**