



Mail by Feb. 26, 2010 or register at Grand Bend Legion Saturday Feb. 27, 2010, 9 am – 12 noon!

**Grand Bend Baseball Project**

**Release and Waiver of All Claims**

I hereby apply to participate in the Grand Bend Baseball Project program (the Program) to be held throughout the **2010** season.

I understand that participating in the program will expose me to above normal risks of injury or harm. These risks may include, but not be limited to, potentially hazardous playing surfaces, physical contact or collision with other players, spectators or inanimate objects on or about the playing surface. I understand that the sports are in themselves hazardous and may result in injury to me, my child(ren) and/or other players. I agree that I am responsible for my own safety.

I hereby assume all risks associated with my attendance and participation in the program. I further agree that my attendance, play and participation in the program shall be at my sole risk and decisions to whether or how I play shall rely entirely on my responsibility.

I hereby fully and forever release, discharge and agree not to sue (local sponsors), The Grand Bend Baseball Project, The Municipality of Lambton Shores or any other sponsors (hereinafter called "Program Sponsors"), the officers, directors, agents, employees, representatives, volunteers and successors for any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred by me arising out of or in any way associated with my attendance at or participation in the Program, including all claims, causes of action or liability arising out of the hold harmless Program sponsors, their agents, or representatives from any loss, damage or expense sustained or incurred by them arising from such claims, cause of action or liability whether brought to me, anyone acting on my behalf, or by anyone else because of contact attributed to me.

I agree that this agreement shall be construed and interpreted according to the laws of the Province of Ontario. I understand and agree that this Release and Waiver shall be binding upon my heirs, assigns and any personal entity acting on my behalf, including a parent, guardian or next friends.

I have read the above items of Release and Waiver, understand them, agree to abide by them and hereby acknowledge that I have read and understand this Release and Waiver.

**\*Participant's Name** (print): \_\_\_\_\_ **Signature** \_\_\_\_\_  
(If 18 years old or over)

**\*Parent/Guardian** (print): \_\_\_\_\_ **Signature** \_\_\_\_\_  
(If participant is less than 18 years old)

**\*Date:** \_\_\_\_\_ **Witness** \_\_\_\_\_

**\*\*\*\*Make Cheques payable to Grand Bend Baseball Project\*\*\*\***

**\*Photograph, Audiotape, Videotape & Film Participant Release Form**

I hereby give consent for \_\_\_\_\_ to participate in the following multimedia recordings for the purpose of communicating the advantages of the program we offer at the Grand Bend Baseball Project.

Please check the following in which you give consent:

*Photographs* \_\_\_\_\_ *Audiotape* \_\_\_\_\_ *Videotape* \_\_\_\_\_ *Film* \_\_\_\_\_

I further understand that the photographs / audiotape / videotape / film will remain the property of the Grand Bend Baseball Project and that the program may be made available to other community projects, public media organizations, educators and public service organizations.

**Participant's Name** (print): \_\_\_\_\_ **Signature** \_\_\_\_\_  
(If 18 years old or over)

**Parent/Guardian**(print): \_\_\_\_\_ **Signature** \_\_\_\_\_  
(If participant is less than 18 years old)

**Date:** \_\_\_\_\_ **Witness** \_\_\_\_\_

**Mail to: Grand Bend Baseball Project  
Box 789  
Grand Bend, ON N0M 1T0**



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**Grand Bend Baseball Project  
Participant Information**

Pd. _____	Amt. _____
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
Office Use	

**(Please Print; both sheets)** \*Please fill in ALL information. " Same As Last Year" is Insufficient.

Participant's Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_  
(Day / Month / Year)

Program Level: \_\_\_\_\_ Age as of December 31, 2009\*: \_\_\_\_\_

Parent/Guardian\*: \_\_\_\_\_ (if participant under 18 years of age)

Phone Number – Home\*: \_\_\_\_\_ Alternative: \_\_\_\_\_

Address\*: \_\_\_\_\_  
\_\_\_\_\_ City\*: \_\_\_\_\_ P.C.\*: \_\_\_\_\_

Emergency Contact\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

Email\*: \_\_\_\_\_ (If you have email access)

Registered in other sports? (yes/no) \_\_\_\_\_ If yes please list: \_\_\_\_\_

Shirt size (xs to xl) \_\_\_\_\_ Pant size (xs to xl) \_\_\_\_\_ Youth or Adult (Y/A) \_\_\_\_\_  
(\* Mandatory)

**Will parent/guardian help to: Coach , Umpire  or Volunteer ?**

**Medical Considerations**  
(Private & Confidential)

Medical Conditions:

- Allergies (type or N/A) \_\_\_\_\_
- Diabetes (type I / II or N/A) \_\_\_\_\_
- Epilepsy (yes or N/A) \_\_\_\_\_
- Asthma (yes or N/A) \_\_\_\_\_
- Other relevant conditions (names or N/A) \_\_\_\_\_

Medications:

- \_\_\_\_\_  
(Can participant self-administer medication? Y/N \_\_\_\_\_)

Previous Injuries:

- \_\_\_\_\_

Other: (contact lenses, braces, etc...) \_\_\_\_\_  
\_\_\_\_\_

OHIP Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ **(OVER)**

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