

SOUTH DAKOTA American Legion Baseball Legion Baseball

2026 Form #2



SEBAL

Player Agreement

Please PRINT or TYPE

PLAYER'S NAME

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

I certify that the information shown above regarding me is correct. I agree to devote my entire service as a SD American Legion Baseball (SDALB) player this season to [REDACTED] (team name).

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 SDALB. I agree in the event of illness or injury during an SDALB 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 SDALB, 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.

In consideration of the privilege to participate in the SDALB program, hereby release, discharge, relinquish, agree not to take legal action against, hold harmless, and indemnify the South Dakota American Legion, its officers, agents, representatives, employees and officials, SDALB sponsors, supervisors, participants, players, agents, coaches, managers and persons transporting me to and from SDALB activities, from any claims, demand, actions, and cause of action of any sort, arising out of my participation in the SDALB program, including, but not limited to, (1) any injury or death sustained in connection with my participation in the SDALB 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 SDALB 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.

I certify that I am a legal United States citizen, or possess legal residency, or visitor status to be in the United States.

Player's signature

Player's printed name

Date

I am a parent with legal custody or legal guardian of the above player and hereby consent and agree to the foregoing terms and provisions on the above player's behalf.

Parent's or legal guardian's signature

Parent's or legal guardian's printed

name

SOUTH DAKOTA American Legion Baseball



Please PRINT or TYPE

Player Information Sheet

Player's name (first, middle, last)

Parent's home address (street address, city, state, ZIP)

Parent's telephone number

Emergency contact person & phone number

Medical Insurance Policy #

Family physician & phone number

High school attended

Year of graduation

School enrollment (grades 10, 11, 12)

Player's email address

Player's Birth Date (Month/Year)

Primary position

Player's height

Player's weight

Bats

Throws

The content below should be filled out by a notary.

I, _____, a Notary Public for said County and State, do hereby certify that

personally appeared before me this day and acknowledged the due execution of the
foregoing instrument.

[SEAL]

Notary Public

My commission expires

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**It is strongly recommended that this form be notarized. Most hospitals require consent form to be
notarized. Send copy to Post Athletic Officer. Team manager shall retain original.**

Revised 05/2020