

**DEPARTMENT OF PENNSYLVANIA AMERICAN LEGION BASEBALL
REQUEST FOR DUAL PARTICIPATION**

Request Must Be Made 1 Week Prior to Dual Participation Date

The SENIOR, YOUTH, SANDLOT, PREP team is my primary team _____
(primary team **must be circled**) Signature of Player

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 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 OR 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 post season tournaments begin that I must terminate my dual participation with any NON-LEGION team or I will not be eligible to play for the American Legion. I also understand that the manager of the team I choose as my **primary** legion team can deny me (with good cause), from playing for any of my non-primary legion teams.

I understand that when double rostered to a team other than Legion, that Legion Baseball is my first priority. If I participate a team other than Legion I will accept all penalties set forth by the League that I participate in.

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

Signature of Regional Director or Youth Committeeman

Signature of Department Baseball Chairman Date