



South Florida Baseball League

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PLAYER REGISTRATION FORM – SPRING 2016 SEASON ABSOLUTE WAIVER AND RELEASE OF LIABILITY

EACH AND EVERY PARTICIPANT IN THE SOUTH FLORIDA BASEBALL LEAGUE IS REQUIRED TO READ AND SIGN THIS DOCUMENT. YOUR SIGNATURE SERVES AS PROOF THAT YOU HAVE READ AND ACCEPTED THE TERMS AND CONDITIONS OUTLINED HEREIN. YOUR REFUSAL TO SIGN THIS DOCUMENT PREVENTS YOUR PARTICIPATION IN THE SOUTH FLORIDA BASEBALL LEAGUE.

In consideration of being permitted to participate in the activities of Florida Hardball, Inc. d/b/a South Florida Baseball League (referred to collectively as the SFBL) in any capacity, including but not limited to, playing in league sanctioned games or practices, coaching, or being on the field, in a dugout, or in a spectator area for any purpose whatsoever, and fully understanding that participation in the game of baseball includes the risk of serious personal injury, I do fully and absolutely assume all risk of injury to myself, including, but not limited to fatality, and do hereby unconditionally and absolutely release, even for their own negligence, indemnify and hold harmless the following: Mickey Filippucci; Florida Hardball, Inc. d/b/a South Florida Baseball League; any other members, officers, volunteers, game officials, or persons affiliated with the SFBL; all landowners of facilities that may sanction, or give permission for use of facility for play or practice; any governmental agencies involved with the SFBL or the facilities at which games or practices may take place; any organizations involved in the sponsorship of teams competing within the SFBL; from all claims for damage or injuries of any kind, now or in the future.

Further, I attest that I am in good physical health and do represent that I have no existing physical disability, illness or condition of any type that might be aggravated by the physical requirements of playing baseball. I agree to abide by and obey any and all League Rules as set forth by the SFBL, and fully agree to accept any suspensions or disciplinary actions that shall be handed down by SFBL officials pursuant to any behavior on my part that may, at the SFBL's sole discretion, warrant such action by the SFBL. **I UNDERSTAND THAT THIS ABSOLUTE RELEASE OF LIABILITY, EVEN FOR THEIR OWN NEGLIGENCE, IS AN INTEGRAL REQUIREMENT AND PRE-CONDITION OF PARTICIPATION IN THE SFBL.**

I HAVE READ THIS RELEASE AND UNDERSTAND THAT IT IS AN ABSOLUTE RELEASE AND I FREELY AND VOLUNTARILY ACCEPT AND AGREE TO ITS TERMS AND CONDITIONS.

PRINT NAME

SIGNATURE

DATE

Division (circle one) **Open (18+)** / **Masters (30+)**

Team (if known) _____ Primary Position _____ Secondary Position _____

Address _____ City _____ Zip _____

DOB _____ Age _____ Cell _____ Email _____

Payment Method (circle one) **Cash \$230** **Check \$230** **Pay Online www.sfbl.com \$230**