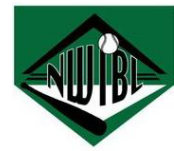


# Northwest Independent Baseball League



## 18+ and 30+ Adult Wood Bat Summer, Fall League, Sub., and Free Agent Registration

3425 SE Raymond St, Portland, Oregon 97202 \* NWIBL Office (503) 208-2009 \*

Email: [Baseball@nwibl.org](mailto:Baseball@nwibl.org) , Website: /www.nwibl.org

### PLAYER CONTRACT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone #'s \_\_\_\_\_

email: \_\_\_\_\_ Comments placed on back of form \_\_\_\_\_

Bat L \_\_\_ Bat R \_\_\_ Throw L \_\_\_ Throw R \_\_\_ Position(s) Played \_\_\_\_\_ Last year of competitive baseball \_\_\_\_\_

Did you Play:

High School: JV \_\_\_ Varsity \_\_\_ College Baseball \_\_\_ Professional Baseball \_\_\_\_\_ (level)

College or Professional Team Played for \_\_\_\_\_

### RULES AND CONDITIONS

By signing or affixing name to this form or by participating or agreeing to participate in any league event all players, coaches and managers agree to abide by all league rules and conditions, all rulings, decrees, and determination of the league Director, and all league policies regarding personal conduct in relation to all league events. Any violation of league rules, conditions, or policies may be subject to fine, suspension or expulsion to be imposed at the discretion of the league Director. See [nwibl.org/rules](http://nwibl.org/rules). I understand to be eligible to play in the end of season play offs I must have played in 25% of league games that my team plays, my playing and not playing 25% would lead to a team disqualification.

### RELEASE OF LIABILITY AND CONSENT

THE UNDERSIGNED ("Participant") is over the age of 18 and wishes to participate in Northwest Independent Baseball League, a non-professional adult baseball league. In consideration of being allowed to participate in any way in the NWIBL athletic/sports program, created events and activities, the undersigned understands, acknowledges, appreciates, and agrees that:

1. Baseball is a dangerous sport and the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I KNOWINGLY, VOLUNTARILY AND INTELLIGENTLY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Northwest Independent Baseball League, their officers, Managers, Coaches, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
5. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTOOD ITS TERMS, UNDERSTAND THAT I HAVE VOLUNTARILY GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLAYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*\*NWIBL GLADLY ACCEPTS MAJOR CREDIT CARDS FOR PAYMENT OF YOUR PLAYER FEE\**

VISA \_\_\_ or \_\_\_ MC Credit Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Cardholder name as it appears on card \_\_\_\_\_

I agree to pay the total amount of \$ \_\_\_\_\_ according to card issuer agreement.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**New Player Fee Season Summer \$350.00 Fall \$215 (NO REFUNDS) Free Agent Player Fees: Per Game fee \$20.00 for both league game, Substitute Player and Monday Night Baseball** To pay by MasterCard or VISA complete and sign above. To pay by check or money order, please make payable to NWIBL. Mail completed, signed application with complete payment, to **3425 SE Raymond St, Portland, Oregon 97202.** or fax to 503-206-4210 \*Call for Payment plan 1 Payment of \$150.00 and 2 payments of \$100 by 10/1

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\*Not to exceed \$350 with out approval