

2020 PLAYER PARTICIPATION CONTRACT

Last Name:	First Name	e:	
Address:			
City:	State:	Zip:	
Home Phone: ()_	Work Phone	: ()	
Cell Phone: ()	E-Mail Addres	s:	
Date of Birth:	Driver's License#:	S ditions of participation in	tate: the Austin Metro Baseball League.
I will observe and abide by all rutimes.	lles as established by Austin Mo	etro Baseball League's B	oard of Directors and MSBL/MABL at all
	y the Austin Metro Baseball Lea	ague and MSBL/ MABL a	and/or the use of abusive or offensive nd violation of this rule could result in my
I certify that I am or will be of leg the Austin Metro Baseball Leag	-	31 of this calendar year,	for whichever division I choose to play in
HOLD HARMLESS Austin Metr participants, sponsoring agencie ("Releasees"), WITH RESPECT	o Baseball League and MSBL/Nes, sponsors, advertisers, and, TO ANY AND ALL INJURY, Dearticipation, WHETHER ARIS	MABL, their officers, offici if applicable, owners and NSABILITY, DEATH, or lo	n, HEREBY RELEASE, INDEMNIFY, AND itals, agents and/or employees, other lessors of premises used for the activity pass or damage to person or property GENCE OF THE RELEASEES OR
I realize that there is no guarant play.	eed playing time on any given t	eam, associated with reg	gular season, play-offs, and/or tournament
I certify that I do not have a felo offender under Chapter 62 of th			ch would require me to register as a sex
By signing this agreement, I release MSBL/MABL from any liabilities		League, its Board of Dire	ectors, Managers, Players and
I fully agree that the terms and	conditions of this agreement are	e binding.	
Players Signature		Date	
			MABL
Manager's Signature		Date	

Austin Metro Baseball League 1312 Quailfield Circle Austin,TX 78758-6504 (512 835 8989)