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**LIABILITY WAIVER**

On behalf of myself and the player being registered, I recognize that baseball entails serious risks. Consequently, except as noted below, I and the player being registered relinquish all rights to a claim of any kind, including the right to a claim for bodily and material damages, regardless of the cause, against Baseball Ontario, its member associations, including the local association and their respective officers, employees, coaches, umpires, assignees, agents, representatives, and sponsors, even if such damages result from negligence of Baseball Ontario, its member associations, including the local association and their respective officers, employees, coaches, umpires, assignees, agents, representatives, and sponsors.

Without restricting the generality of the preceding, I and the player being registered also relinquish the right to any claim against Baseball Ontario, it’s member associations, including the local association and their respective officers, employees, coaches, umpires, assignees, agents, representatives, and sponsors resulting from a decision on their part, regardless of the nature of this decision.

This release of Baseball Ontario, the local association and the other persons noted above does not preclude myself or the player being registered from making a claim under any sports accident coverage provided by Baseball Ontario and/or the local association to their players. An overview of the current sports accident coverage provided by Baseball Ontario can be found on the Baseball Ontario website in the Insurance Program Overview.

<https://www.baseballontario.com/Admin/SideMenu/DispSideMenuContentMain.aspx?TopMenuID=10001&menuID=516&dipIds=undefined>

I agree to this waiver of liability as set out above

**PHOTO CONSENT**

I authorize my local association and/or their respective staff, associates, assistants, or subcontractors to use photograph(s), video and other media image provided for any local association promotional, educational or other pertinent uses. I also agree to my local association using any images of the named minor(s) gathered by photographers, and or videographers supplying images to my local association. These images may include, but are not exclusive to, club, coach, athlete and/or parent, and/or volunteer submissions by various member associations of my local association. I authorize my local association to permit the use and display of photographs and/or recordings of the named minors in any local association publication, multimedia production, including video and web usage, display, or advertisement. I agree that local association may use name, likeness, or information supplied by the undersigned. The undersigned releases and forever discharges my local association and their respective officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / recordings, including but not limited to, any claims for invasion of privacy or defamation.

I agree to this photo consent as set out above. You can withdraw your consent at any time.

**ROWAN’S LAW**

Under Rowan's Law, before any player can be registered with their local association and Baseball Ontario, the player, and the parent or legal guardian of the player if the player is under 18 years of age, must review one of the Concussion Education Resources provided by the Province of Ontario and must review the Player Code of Conduct. Links to these resources are provided here:

**Provincial of Ontario Concussion Education Resources:**

www.ontario.ca/concussions

**Baseball Ontario Player Code of Conduct:**

<https://www.baseballontario.com/filestore/htmleditattachedfiles/player_code_of_conduct2017-03-30t09-47-05v001_by_292.pdf>

I hereby confirm that the player being registered to participate in baseball activities with my local association and Baseball Ontario, and the parent or legal guardian of the player being registered if the player is under 18 years of age, have reviewed one of the concussion education resources provided by the Province of Ontario as referenced above and have reviewed the player code of conduct as referenced above. I / we further acknowledge understanding the nature and risk of concussion and head injury to athletes, including the risks of continuing to play after a concussion or head injury is suspected.

**WE WOULD LIKE TO CONTACT YOU VIA EMAIL**

To improve our communications and service we would like to correspond with you via email. In order to comply with Canadian legislation relating to commercial electronic messages, we are seeking your consent to communicate with you via electronic messages, including email, related to your relationship with Baseball Ontario and/or MPBA including team selection, program, membership, promotional materials and other Baseball Ontario/MPBA information. You may choose not to receive communications from Baseball Ontario at any time by emailing us at [unsubscribe@baseballontario.com](mailto:unsubscribe@baseballontario.com)

*This consent also includes correspondence from MPBA through* [communications@midlandbaseball.ca](mailto:communications@midlandbaseball.ca)

I consent to receiving electronic messages from Baseball Ontario, as set out above. You can withdraw your consent at any time.

**MPBA REFUND POLICY**

Any player choosing to not participate shall have until the first regular season game played by his or her team to earn a full refund. After this point, only a partial refund will be able to be given.

I agree to the refund policy as set out above

By signing this form below, you acknowledge that you have received, reviewed and agree with the terms of Baseball Ontario’s Privacy Assurance and Privacy Policy, dual registration with both Baseball Ontario and the local association whose registration form is attached, injury waiver and consent to collection, use or disclosure of your personal information for the purposes and in the manner described herein.

Dated \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_, 20\_\_\_ \_\_

Name of Parent/Guardian (Or Player if 18 Years or Older) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Please Print First & Last Name*)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_