



Lockport Sleepers Vintage Base
Ball Club
Interpreter Application



Name: _____

Street Address: _____

Telephone Numbers:

Home: _____

Work: _____

Mobile: _____

Fax: _____

Primary e-mail: _____

Secondary e-mail: _____

I'm interested in joining the Sleepers as a - (please check one)

Ballist (player)*

Official (umpire or tally keeper)*

Bug (fan)*

Other (please specify): _____

*requires appropriate period clothing and accessories

I'm also interested in giving "living history" presentations beyond Sleepers Field to students and other community groups. yes, no (please check one)

My base ball experience includes: _____

My living history experience includes: _____

Canal Corridor Association - 2010 Vintage Base Ball Waiver & Release

IMPORTANT INFORMATION

The Canal Corridor Association, hereinafter "CCA," is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. CCA continually strives to reduce such risks and insists that all participants follow safety rules and regulations that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Vintage base ball is intended to challenge and engage the physical, mental, and emotional resources of each participant, utilizing base ball rules and reproduction equipment of the mid-1800s. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Certain risks include, but are not limited to, the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, being struck by errant balls, being struck by another player's bat, running, jumping, stretching, sliding, diving, collisions with other players and with stationary objects, acts of God, inclement weather, horseplay, unsportsmanlike conduct, dangerous playing conditions, poor field conditions, defective equipment, equipment failure, premises defects, slips and falls, failure in supervision and officiating, and all other circumstances inherent to the sport of vintage base ball. In this regard, it is impossible for CCA to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss that you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity, including transportation services and vehicle operation, when provided.

I, the undersigned, recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I or my minor child/ward may have or accrue to me or my child/ward as a result of participating in this program/activity against CCA, including its officials, agents, employees and volunteers.

PUBLICITY RELEASE

I agree to allow CCA to utilize my name, image, and voice to publicize the vintage base ball program. I further agree to waive and relinquish all claims for financial compensation in regards to said promotions.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name: _____

Signature: (18 years or older or Parent/Guardian) _____

Address: _____

Date: _____