

# PABC <sup>tm</sup> –PLAYER CONTRACT

I participate as a (check one)  Player  Manager and hereby consent and agree to the following parameters and conditions of participation in the adult baseball league as set forth below which is an independently owned and operated adult baseball league going by the name of Portland Adult Baseball Conference, LLC hereinafter referred to as (PABC)

1. I will abide by the rules of the PABC as published and further understand the PABC League reserves the right to make changes to the rules without prior notification. I understand the PABC, in their sole discretion, reserves the right to refuse any player or any team permission to play at any time and without prior notice. I understand that fighting, physical abuse of players, umpires, or spectators, or abusive language directed at players, umpires, or spectators is not tolerated by PABC.
2. I will not possess or consume any alcoholic beverages or drugs at any time on the playing field, in the dugouts, bleachers, or other areas near or around the playing field, or within one hundred (100) yards of the playing field facility, including, but not limited to, the parking lots of any high school, college or city/county recreation facility.
3. I certify that I am at least 35 years old within the calendar year at the time of my execution of this Contract and understand that I must be able to identify myself with a driver's license/photo 10 at any officially scheduled game upon request, or I will be ineligible to continue in the game. I understand that violation of any part of this Contract may result in disciplinary action against my team, or myself including, but not limited to, forfeiture of games, suspension from play, fines, or permanent expulsion from PABC. I understand that no refund of player fees will be due me for any unplayed games for any reason. The terms/provision of this Contract shall be binding upon and shall inure to the benefit of the parties hereto.
4. I realize that the total responsibility of any personal injury, accident, illness, disability, or death to me or my person, while I am participating in any PABC function, including, but not limited to, any PABC mandated or scheduled function, is solely mine. I understand that PABC does not provide medical insurance; only property damage and liability insurance. I realize that I am responsible for the first \$500.00 on any property damage or liability claim that may arise due to my actions.
5. As a manager of the team set forth below I hereby acknowledge that I have read the Player Rules & Guidelines provided to me by PABC, that I have advised my team of the rules therein and my team understands that they will be held responsible for any violations of the rules. I am eligible to play as a player in any regularly scheduled game.
6. Any action/adjudication, as pertaining to the PABC shall be under the laws of the State of Oregon, and that this agreement then shall be interpreted under the laws of the State of Oregon without regard to the principals of conflict of law.

## WAIVER

**In consideration of the foregoing and being allowed to participate in PABC activities or functions, and intending to be legally bound for myself, I do hereby release and discharge the PABC baseball league, including, but not limited to, the Portland Adult Baseball Conference LLC, their officers, directors, agents, contractors and employees, the league president, league commissioners and managers, any city, county and/or state organization, school district or board or any other governing body that may have jurisdiction over any public baseball field or other facility that I might play on, any other owners, lessors or providers of fields or facilities (whether privately held or otherwise), any umpires, organizations, and their respective officers, directors, agents, contractors employees and other players in the League Association, jointly and severally, from any and all liability from personal injury, accident illness, disability, death, property damage (except as provided in Paragraph 4 above) or other occurrence which I may suffer in any manner whatsoever arising out of or resulting from my participation in any PABC activity or function.**

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Manager's Signature as Witness

\_\_\_\_\_  
Date Signed

In placing your signature above, you are hereby agreeing to all terms and conditions as set forth above and become part of this agreement. You further acknowledge to have read and agree to all terms and conditions herein, understand them and certify that all player information provided is accurate and shall be updated within 15 days of any changes.

## **ALL FIELDS ARE REQUIRED- PLEASE PRINT**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Team Name