

2020 Homer's Heroes Registration
Registrations are Due by May 14, 2020

Child's Name: _____ Age as of June 6, 2020: _____

Birth Date: _____ M F

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Youth 6-8 | <input type="checkbox"/> Youth 14-16 | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult XL |
| <input type="checkbox"/> Youth 10-12 | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult XXL |

Parent/Guardian Name: _____

Address: _____

City, State Zip: _____

Phone: Home _____ Other _____

E-mail address for announcements:

Please describe what type of assistance your player will need. wheelchair walker

Signature of Parent/Guardian

Date

I / We have read the foregoing release. I / We understand the contents of the foregoing document and assume the risks which are incidental to our child participating in the Homer's Heroes Baseball League. We also release the right to use pictures of our participating child.

- Yes, I want to help by being a "buddy" during the games.



Mail to:
Homer's Heroes Baseball
c/o Dottie Williams
2300 Atwood Circle
Lincoln NE 68521



Registration Consent & Release League Copy

I / We, the undersigned

The parent(s) or Legal Guardian(s) recognizes the coaches and support personnel are volunteers and may not have received training in their activities or other functions in the Homer's Heroes Baseball League. The Parent(s) or Legal Guardian(s) recognizes baseball may result in serious injuries and protective equipment does not prevent all injuries to players.

Except as to those coverage's provided in the supplemental insurance policy of the Homer's Heroes Baseball League. The undersigned, for themselves and for the Participant, hereby release, absolve, agree to indemnify and hold harmless the Homer's Heroes Baseball League, it's officers, coaches, support persons, and all other persons transporting Participant to and from the Homer's Heroes Baseball League activities, from any and all liability arising from injury which the Participant experiences while participating in or traveling to and from a Homer's Heroes Baseball League Activity.

As to the coverage provided in the supplemental insurance policy of the Homer's Heroes Baseball League and the health and accident insurance provided a Participant by Homer's Heroes Baseball League, the undersigned for themselves and for the Participant, hereby release, absolve, agree to indemnify and hold harmless Homer's Heroes Baseball League, it's officers, coaches, support persons and all other persons furthering the efforts of the Homer's Heroes Baseball League from any and all liability for any amount in excess of policy limits recovers (including deductibles as well as maximum payment amounts) on such insurance policies.

I give consent to Homer's Heroes Baseball League to take photographs of my participation in Homer's Heroes. I further consent to use such photographs to promote Homer's Heroes Baseball. I understand that I will receive no financial or compensation for the use of such photographs.