

AMERICAN LEGION BASEBALL DEPARTMENT OF TENNESSEE



2021 FORM TNALB-1

Team Manager/Coach Agreement

Team :

First Name: Middle Initial: Last Name: Initials:

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

I certify that the information above is correct. I agree that I will adhere to the policies and procedures of the Department of Tennessee and the National American Legion Baseball program.

It is my explicit intent as the Manager/Coach of the above named team, approved by the Department Chairman of Tennessee American Legion Baseball to conduct activities, such as meetings, tryouts, practices, fundraisers and games, adhering to all policies and procedures adopted by the Tennessee American Legion Baseball program. I am aware that these policies and procedures can be updated throughout the year, specifically the communicable disease policy. It is my responsibility to ensure that I am aware of any updates and stay in compliance with all policy changes.

I acknowledge the risks of exposure directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease 2019 (COVID-19) and/or any mutation or variation thereof.

By initialing the following boxes, I have received read, comprehend and will adhere to the following policies, procedures and guidelines. It is my responsibility to routinely check the State Baseball website at www.tnlegionbaseball.com for any updates.

The "Tennessee Pledge"

CDC Considerations for Youth Sports

Tennessee American Legion Baseball – COVID-19 Prevention Policy

By signing below, in consideration of having the opportunity to participate as Manager/Coach, and in acknowledging that I am aware of and willing to assume the risks associated with any of the above activities, I hereby voluntarily agree to waive, hold harmless and indemnify the Department of Tennessee and National American Legion Baseball program and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in any of the above activities.

Manager/Coach Signature	Date	Witness Name (First, MI, Last)	Witness Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Send copy to Department Baseball Chairman. Team Manager/Coach shall retain original.

This form is available online at www.tnlegionbaseball.com