2014 Reds Rookie Success League

LOUISVILLE METRO PARKS

Volunteer Application

All volunteers are subject to a Background check.

Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____-____-_____ Birth Date: ___/___/____ (mm/dd/yyyy)

*A background check is required for all volunteers

Email Address: _____

Place of Employment: _____

Emergency Contact: _____ Phone: _____

I would like to participate as a: _____ Coach/Instructor _____ Volunteer/Support Staff

Please select a program: ____ Wyandotte Park (9 A.M. – 12 P.M.) June 24th through July 30th ___Petersburg Park (5 P.M.-8 P.M.) May 20th through June 25th _____Both

Mandatory volunteer training will be held on June 11th, 2014 at 6:00p.m.at the Cyril Allgeier Community Center

Please indicate a T-Shirt size: S M L XL XXL

List any special limitations that may affect your volunteer participation

_____

_____

Youth and/or coaching experience (describe)

_____

_____

Conditions of Volunteer Participation

LIABILITY RELEASE, WAIVER AND COVENANT NOT TO SUE

I represent and warrant that I am at least eighteen (18) years of age. I am in good physical and mental health and do not suffer from any mental or physical condition or disability which may render my participation in the 2014 Reds Rookie Success League and associated activities, including all baseball activities and field trips (collectively the "Activities"), hazardous to myself or to others or which may impair my ability to participate in the Activities.

I further acknowledge and agree that none of the Released Parties (as defined below) has any obligation or responsibility to evaluate my physical condition or any limitations associated with my participation in the Activities.

I UNDERSTAND AND AGREE THAT I AM PARTICIPATING IN THE ACTIVITIES AT MY OWN RISK. I EXPRESSLY ASSUME ALL RISK OF INJURY (INCLUDING PERMANENT DISABILITY AND DEATH) ARISING OUT OF MY PARTICIPATION IN THE ACTIVITIES, HOWSOEVER CAUSED OR ARISING AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING ANY SUCH INJURY, PERMANENT DISABILITY OR DEATH.

In consideration of my participation in the Activities, I hereby release, hold harmless, and agree to indemnify The Cincinnati Reds LLC, the Cincinnati Reds Community Fund, the City of Cincinnati, the Cincinnati Recreation Commission, Boys and Girls Clubs of Greater Cincinnati, Cincinnati Public Schools, YMCA of Cincinnati, City of Louisville, The Louisville Bats, Jefferson County Metro Parks and their respective owners, affiliates, subsidiaries, members, directors, officers, employees, volunteers and agents (collectively, the "Released Parties") from and against any and all claims, causes of action, or demands relating to or arising out of my participation in the Activities.

IN ADDITION, I HEREBY WAIVE ANY CLAIMS AGAINST THE RELEASED PARTIES THAT I MAY HAVE ARISING FROM MY PARTICIPATION IN THE ACTIVITIES.

I FURTHER COVENANT AND AGREE NOT TO SUE THE RELEASED PARTIES FOR ANY CLAIMS OR DAMAGES ARISING FROM MY PARTICIPATION IN THE ACTIVITIES.

USE OF LIKENESS

I authorize the Cincinnati Reds Community Fund, The Cincinnati Reds LLC, the Cincinnati Recreation Commission, Boys and Girls Clubs of Greater Cincinnati, Cincinnati Public Schools, YMCA of Greater Cincinnati, City of Louisville, Jefferson County Metro Parks to use my voice and likeness in any media now known or hereafter created, worldwide in perpetuity without further compensation. The aforementioned parties are not obligated to use any of the above mentioned materials, but may do so and may edit such information of materials in respective their sole discretion, without further obligation or compensation.

I have read fully and fully understand this release form. Before registration in this program is valid, this release form must be signed by the participant's parent or legal guardian.

Volunteer's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

(If volunteer is under 18 - *minimum age is 16*)

Please mail this completed application to:

Steve Edwards

Post Office Box 37280

Louisville, KY 40233-7280

Phone: (502)744-0498 E-Mail: rrsllouisville@reds.com