MONTEREY PONY Baseball/Softballine.	onterey PONY Ba	seball/Softball,]	Inc.
	Volu Application, Wai		
D	Division/Team:		
Last:		First:	
Address			
City:	_Zip:	Home #:	
Cell:	text: yes 🗌 no 🗆	Work #:	
Α	REAS YOU ARE INTE	RESTED IN HELPIN	G!!
			<u></u>
Team Parent	Field Maintenance	_ 01	Scorekeeper
Game Announcer	Board Member	Snack Bar	Fund Raiser
Release:			
Coach, Team Paren PONY Baseball / So misappropriation of activities, will be in	oftball, Inc. activities that is league funds, or use of viole	layer, Volunteer, or Spect involved in any physical c ent, abusive, or foul action emises utilized by Monter	ator associated with Monterey or verbal altercation, as/language at league ey PONY Baseball / Softball
I have read and und Tolerance Policy.	erstand that I will comply w	ith the Monterey PONY B	aseball / Softball, Inc. Zero
without a reason, wi understand that I an the MPBS Board. I Baseball and Softba Baseball/Softball, I	n applying for a volunteer po am aware that my participat ill, Inc. and MPBS rules. In nc. is terminated after it has	ne, and regardless of my position without pay, and th ion in MPBS may be term the event that my particip- begun, I hereby waive any	rior participation in MPBS. I us serve at the discretion of inated pursuant to the PONY ation in PONY
Monterey Pony Baseball Softb	all, Inc. 2016	Volunteer Application	Page 1 of 2

- I understand the risk of injury to me as a volunteer involved in MPBS is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and I hereby release the other participant(s), MPBS, their officers, the entire MPBS Board and representatives, officials, agents, sponsoring agencies, sponsors, advertisers, City of Monterey and other owners/lessors of premises used to conduct the events ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my involvement or participation in these programs, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and understand via this waiver that MPBS insurance policy is secondary to my personal insurance.
- I, for myself, my spouse/partner, and my child(ren) hereby indemnify and hold harmless all the above Releasees from any and all liabilities incident to my involvment or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

Signature: Date:

Please mail your application to: MPBS / Volunteer Application P.O Box 2094 Monterey, Ca. 93940