



Buddy Ball
Special Needs Athletic League
PROGRESSIVE DIRECTIONS, INC.

"The game's the same...Just different!"

Phone: 931-980-7451

buddyball@progressivedirections.com

1249 Paradise Hill Road Clarksville,

Our Mission: To provide sports services at no cost to people with intellectual, developmental, and physical disabilities, creating a support network for individuals, families, and the community.

<p>PLEASE CIRCLE PREFERENCE:</p> <p>Non-competitive</p> <p>Competitive</p>	Athlete's Name*: _____ (Preferred Name) _____
	<p>First Middle Last</p>
	Gender: Female Male Age*: _____ Date of Birth*: __/__/____
	Jersey Size (circle one)*: Youth YS YM YL Adult AS AM AL XL XXL XXXL
	Address*: _____ City: _____ State: ____ Zip: _____
	<p>Race: (Required for Grant funding, please circle one):</p> <p style="padding-left: 40px;">Asian/Pacific Islander Black/African American</p> <p style="padding-left: 40px;">White/Euro American Other: _____ Unknown</p> <p>Assistive Devices: Wheelchair*: Yes No Walker: Yes No Other: _____</p>

This Release covers all activities/events of Buddy Ball Special Athletic League and Progressive Directions Inc.

Parent(s)/Legal Guardian Name*: _____

Cell Phone*: (____) _____ Email*: _____

Physician*: _____ Physician Phone Number*: (____) _____

Insurance Company*: _____ Policy Number*: _____

In the event of an emergency, give the name and phone numbers of family members or other designated contact person we can contact who will know how to reach the parent(s) or guardian. You must complete this information.

1. Emergency Contact Name*: _____ Relationship*: _____

Cell Phone*: (____) _____ Email*: _____

2. Emergency Contact Name*: _____ Relationship*: _____

Cell Phone*: (____) _____ Email*: _____

*REQUIRED INFORMATION

League Information can be found on our Buddy Ball Sports League Facebook page and on our web page www.buddyball.net

We rely entirely on private donations, from local civic organizations, businesses, and the kindness of others to offer this wonderful program. Buddy Ball is a 501(c)(3) organization. Please donate to help keep this program FREE for the Athletes.



Buddy Ball Participant: _____

Date of Birth: _____

(Print name of athlete)

RELEASE & WAIVER OF LIABILITY

Progressive Directions, Inc. (PDI) is a nonprofit organization dedicated to providing sports and special events activities for individuals with physical, intellectual, and/or developmental disabilities through its Buddy Ball Special Needs Athletic League (Buddy Ball) program.

The Participant 18 & up and/or Parent/Guardian of the Participant does hereby freely, voluntarily, and without duress execute this Release under the following terms:

Waiver and Release.

Acknowledgement of Risk:

I, the Participant (over 18) and/or Parent/Guardian of the Participant, acknowledge that participation in the Buddy Ball Special Needs Athletic League (hereafter referred to as "Buddy Ball") activities, including sports and special events, involves inherent risks, including but not limited to, physical injury, personal injury, emotional stress, illness, property damage, or other unforeseen harm.

Assumption of Risk and Release of Liability:

I understand that Buddy Ball activities are voluntary and choose to participate despite these risks. In consideration of being allowed to participate in Buddy Ball activities, I, as the Participant (over 18) and/or Parent/Guardian of the Participant, hereby release and discharge Progressive Directions, Inc. (hereafter referred to as "PDI"), its directors, officers, employees, volunteers, agents, and representatives from any and all liability, claims, actions, or causes of action arising out of or related to any loss, damage, or injury of any nature, including death, that may be sustained by me, my child, ward, or person under my care, whether caused by negligence or otherwise, which arise or may hereafter arise from participation in Buddy Ball activities.

Volunteer Support:

I understand that Buddy Ball relies on volunteer support to help organize and conduct its activities. As a nonprofit organization, PDI and its volunteers are protected under applicable federal and state laws, including but not limited to the Volunteer Protection Act of 1997 Tennessee Code § 29-34-210, which limits liability for nonprofit entities and their volunteers acting in good faith within the scope of their duties.

Medical Treatment:

In the event of an emergency, I authorize PDI and its representatives to arrange for emergency medical treatment for the Participant if deemed necessary. I agree to assume responsibility for all costs related to such medical care.

I do hereby release and forever discharge PDI from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the participant's participation in PDI's programs or events.

Medical Insurance:

I understand that PDI/Buddy Ball does not carry or maintain health, medical, or disability insurance coverage for any participants. Each Participant and/or Guardian is encouraged and expected to arrive with medical or health insurance coverage in effect.

Indemnification:

I agree to indemnify and hold harmless PDI and Buddy Ball from any and all claims, demands, causes of action, or damages, including attorney's fees, resulting from participation in Buddy Ball activities.

Media Release:

I, The Participant (over 18) and/or Parent/Guardian of Participant, understand that photographs, videos, or recordings of Participants and spectators may be used by PDI for promotional, educational, awareness, and fundraising purposes to support its nonprofit mission. I grant PDI and Buddy Ball permission to photograph, videotape, or record the Participant during Buddy Ball activities. I further authorize PDI to use such photographs, videos, or recordings for promotional, educational, awareness, fundraising, or other purposes, including but not limited to social media, websites, brochures, and other media, without compensation.

Governing Law:

The Participant (over 18) and/or Parent/Guardian of Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. The Participant (over 18) and/or Parent/Guardian of Participant agrees that in the event that any clause or provision of this Release shall be found to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Acknowledgement of Understanding:

I have read this Waiver of Liability and Media Release Agreement and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily and intend for my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

* I UNDERSTAND A PARENT/GUARDIAN/SUPPORT STAFF MUST REMAIN WITH THE ATHLETE AT ALL TIMES DURING ANY BUDDY BALL EVENT.

* I UNDERSTAND THAT ALL SAFETY REGULATIONS MUST BE FOLLOWED IN ORDER TO PLAY. REFUSAL TO FOLLOW SAFETY REGULATIONS MAY RESULT IN EXPULSION FROM THE GAME.

* I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

* THIS FORM MUST BE COMPLETED EACH CALENDAR YEAR BEFORE PARTICIPATION IS ALLOWED.

Signature: _____ Date: _____

(Participants over 18 and/or Parent/Guardian of Participant)

PLEASE LIST ANY HEALTH OR MEDICAL CIRCUMSTANCES (SUCH AS ALLERGIES, ETC.) THAT WE SHOULD BE AWARE OF:
