



**2010 K CREW AUDITION RELEASE FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER? (please circle)      Yes                  No  
(IF NOT, YOUR LEGAL GUARDIAN MUST SIGN BELOW.)

IF NOT, WILL YOU BE 18 YEARS OLD BY JANUARY 1, 2010? (please circle)      Yes                  No

I agree to indemnify and hold harmless the Kansas City Royals Baseball Club, the assigns, predecessors, successors, officers, directors, agents, representatives, employees, subsidiaries, sub-contractors, sponsors, shareholders and affiliates of the Royals, Major League Baseball Entities, affiliates and member baseball clubs, from and against any and all claims, causes of action, or demands relating to or arising out of my participation in the 2010 K Crew auditions.

I expressly assume all risk of injury (including permanent disability and death) arising out of my participation, howsoever caused or arising and accept personal responsibility for the damages following such injury, permanent disability, or death.

I understand the Kansas City Royals Baseball Club, the assigns, predecessors, successors, officers, directors, agents, representatives, employees, subsidiaries, sub-contractors, sponsors, shareholders and affiliates of the Royals, Major League Baseball Entities, affiliates and member baseball clubs reserve the right to use my voice, name, likeness, and photograph for advertising and promotional purposes without compensation or notification to me.

All decisions as to the selection of the 2010 K Crew members are exclusively within the sole discretion of the Kansas City Royals Baseball Club.

I have full authority to execute this General Release and do so with full knowledge of the facts and circumstances surrounding my participation in the 2010 K Crew auditions. I acknowledge that I have read fully understand, and agreed to the foregoing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name

**THIS FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BY  
5:00 PM, MONDAY, NOVEMBER 9, 2009**