



This liability waiver MUST be PRINTED out, AGREED to, COMPLETED, SIGNED and turned in prior to the player's participation in the clinic listed below.

PLAYER NAME \_\_\_\_\_ Age \_\_\_\_\_

CLINIC: GGSL Friday Night Clinics – Farnsworth Middle School

ASSUMPTION OF RISK / RELEASE FROM LIABILITY: I, the undersigned, as the legal parent or guardian of the above-named player, hereby acknowledge that the player named above is, and at all times will be, covered by health/medical insurance. I hereby certify that I know the player's state of health and physical and mental well-being, and that the player is physically and mentally fit to participate in this softball clinic. It is understood that the Guilderland Girls Softball League, Inc. ("GGSL") does not provide medical insurance covering injuries of any nature incurred at any clinic. The undersigned hereby releases GGSL, its successors, assigns, officers, agents, and employees from any and all claims, demand and causes of action whatsoever in any way growing out of or resulting from participation of the above named player at the softball clinic listed at the top of this form.

I have read, fully understand and agree to the terms of the "Assumption of Risk / Release from Liability".

Parent /Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) cell phone number(s) \_\_\_\_\_

Email address: \_\_\_\_\_