

**MARION SENIOR SOFTBALL ASSOCIATION  
PLAYER LIABILITY WAIVER FORM**

Marion, Ohio

**CHECK ALL THAT APPLY**

**50+ Tues.**

**60+ Thurs.**

**65+ Mon.**

**NAME: (Please Print)**

I, , hereby agree to participate in the softball program offered by the Marion Senior Softball Association (MSSA). I acknowledge that participation in this program may involve risk of physical injury due to the game's activity. In consideration of acceptance in this program, I hereby release and forever discharge for myself, heirs, executors and administrators and any and all claims to collect damages and promise not to sue the MSSA, its managing board, and or its team manager or managers, or its participating cities and or any municipalities that may host the MSSA, and their representatives, agents, officials, directors, sponsors, insurers and any other individual activity with this program.

I hereby further agree to indemnify and hold the MSSA and the City of Marion, Ohio or any other participating municipalities that may host league games and activities harmless from and against any and all action, cause of action, claims, charges, demands, complaints, damages, injuries, costs, loss of services, expenses, compensation and Insurer claims arising out of or account of or resulting from my participation in the said softball program.

I further represent that I am in good physical condition and can safely participate in this/these competitive softball league team sport programs.

**Date of Birth: Month /Day/Year**

**Street Address**

**City**

**Zip**

**Home Phone:**

**Cell Phone:**

**E-mail:**

**Emergency Contact:**

**Relationship:**

**Phone:**

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE: This waiver will be in effect from this day forward as long as the player is playing in an MSSA league.**