

## **WOODBRIDGE SENIOR SOFTBALL CLUB 2026 GENERAL RELEASE OF LIABILITY**

This is a general release of liability. Please read carefully before signing.

SINCE SOFTBALL CAN BE DANGEROUS, THE WOODBRIDGE SENIOR SOFTBALL CLUB (WSSC) AND THE WOODBRIDGE OWNERS ASSOCIATION (WOA), REQUIRE ALL PARTICIPANTS TO ASSUME ALL RISKS BY SIGNING THIS DOCUMENT.

For and in consideration of being permitted to use WOA softball facilities and other WOA common areas, I hereby voluntarily release, discharge, waive, and relinquish any and all claims or actions for damages, personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in softball activities during play and while I am on WOA common areas while others play or for any other reason. This release is intended to discharge, in advance, the WSSC, the WOA, and their respective directors, officers, members, and employees.

I further understand that serious accidents occasionally occur during softball activities and that participants and spectators occasionally sustain serious personal injuries, death, or property damage as a consequence thereof. I understand that medical insurance is not being provided by the WSSC, the WOA, or anyone else. Knowing the risks, I have voluntarily chosen to participate in or watch the activity and hereby agree to assume those risks and to release the WSSC, the WOA, and their respective directors, officers, members, and employees who (through negligence, carelessness or otherwise) might otherwise be liable to me (or my heirs, executors, administrators or assigns) for damages.

I further agree to indemnify, defend and hold harmless the WSSC, the WOA, and their respective directors, officers, members, and employees from any loss, liability, damage, cost, or expense that I may sustain while participating in or watching the activity.

I further understand, intend and agree that this release, discharge, waiver, assumption of risk, indemnity, defense and hold harmless are to be binding on my heirs, executors, administrators and assigns.

I further agree to abide by the Bylaws and the Rules and Regulations of the WSSC and the WOA and if requested by the Manager or the WSSC, I will provide a medical clearance to play from my attending doctor.

I HAVE READ THIS DOCUMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I AM SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Address/Phone: \_\_\_\_\_