

Player Waiver, Release of Liability and Indemnification Agreement Roster

TEAM NAME: _____ MANAGER NAME: _____

PHONE NUMBER: _____ EMAIL: _____

FALL 2024 SEASON

I, the undersigned player, acknowledge, agree and understand that: (1) Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated on this form. (2) I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players including, but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants. (3) I understand that sliding into a base is dangerous to me and to other players and may result in serious injury or death. (4) I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the fields arranged for by the league and team listed above: (1) I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or by the league for practice or play. (2) I release, discharge and agree not to sue the team and league listed above, the field owner or any other entity designated above, the USA Softball, or their owners, officers, agents, servants, associations, employees, or any other person or entity connected with the team, league, field or USA Softball for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of control or wrongful conduct of the parties hereby released.

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

PLAYER NAME (PRINT)	SIGNATURE OF PLAYER (Signature is REQUIRED to be ELIGIBLE)
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NAME OF LEAGUE: JaxParks/Florida First Coast Softball, Inc.

FIELD OWNER: City of Jacksonville

MANAGER SIGNATURE: _____

DATE: _____