



Waiver/Release of Liability and Team Roster Form

I (Participant) do hereby give my permission to participate in the United Coed Sports and Recreational Softball League. **I hereby confirmed that I'm at the age of 21 and over.** I, for myself, my spouse, my child/guardian and on behalf of my heirs, assigns and next of kin assume all risks and hazards incidental to the conduct of the activity. I, for myself, my spouse, my child/guardian and on behalf of my heirs, assigns and next of kin, agree to hold the United Coed Sports and Recreational Softball League, the Town of Hamden, its officers, officials, employees, agents and servants harmless and to waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable, against the United Coed Sports and Recreational Softball League, the Town of Hamden and its officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of his/her participation in the United Coed Sports and Recreational Softball League. I understand that any insurance coverage is my responsibility. I also grant permission for medical treatment and if necessary, hospitalization by ambulance transport.

Team Name _____

<u>Name (Print Clearly/Legible)</u>	<u>Signature</u>	<u>M/F</u>	<u>Date</u>
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