



Osceola Youth Softball

Waiver and Release of Liability

Read before Signing

Name: _____
Division: 6U 8U 10U 12U Senior
Team: _____

In consideration of my child/ward being allowed to participate in any way in activities or the sports program sponsored by the Osceola Youth Softball League, the undersigned acknowledges, appreciates and agrees that:

1. Although league rules, equipment, training, and discipline are designed to avoid any injury, the risk of injury from the activities involved in this program is significant, including the potential of permanent paralysis and death.
2. On behalf of my child/ward and for myself, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, arising out of, related to and resulting from participation in this program, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of the Osceola Youth Softball League, Osceola County Parks and Recreation, the Osceola County Board of County Commissioners and their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES") or others, and assume full responsibility for my child/ward's participation to the fullest extent of the law.
3. I willingly agree to comply with the stated and customary terms, conditions, and rules of the Osceola Youth Softball League for my child/ward's participation. Prior to my child/ward participating in any activity or event, I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise the officials of such condition and refuse to allow my child/ward to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO ALLOW MY CHILD/WARD TO PARTICIPATE. My refusal to allow my child/ward to participate does not grant me a refund of any fees paid to Osceola Youth Softball League; and,
4. I declare that I and (if participating) my child/ward are physically fit and have the skill level required to participate in the activities of the Osceola Youth Softball League. I further authorize medical treatment for my child/ward, at my cost, if the need arises.
5. I, for myself and my child/ward on behalf of our heirs, assign personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, the RELEASEES WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
6. I further grant the RELEASEES the right to photograph and/or videotape my child/ward and further to display, use and/or otherwise use my child/ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, on the league website, newspapers, brochures, etc...) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Osceola Youth Softball League activities, without compensation, reservation or limitation.
7. There are no refunds after 7 days of the signing of the registration form.

Parent/Guardian Signature

Date Signed

Participant's Name—please print