

2024 PLAYER WAIVER, RELEASE OF LIABILITY AND IDEMNIFICATION AGREEMENT ROSTER



I, undersigned player, acknowledge, agree, and understand that:

1. I am over the age of 18 (under 18 will need to provide Release of Liability)
2. I voluntarily and of my own free will elect to participate as a member of the softball team and league indicated below.
3. 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.
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 with stationary objects, all of which can cause serious injury or death to me and to other players.
5. I understand that there are certain risks and hazards involving flying balls in the parking lot and complex which can cause damage or injury.

Date: _____ Name of Team: _____ Team Manager: _____

Name of League: _____ Email: _____ Phone: _____

	Printed Name of Player	Street Address	City	Zip	Phone Number or Email	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						