



STRONGSVILLE MUSTANGS FASTPITCH ASSOCIATION TRYOUT WAIVER FORM

Welcome to the Strongsville Mustangs Fastpitch Association Softball try-outs. Strongsville Mustangs Fastpitch Association, will not be responsible for any injuries or accidents that may occur during this try-out. We appreciate everyone attending today's event. Thank you for your interest in our program. Strongsville Mustangs Fastpitch Association, would like to wish everyone good luck today.

I acknowledge my voluntary participation in the Strongsville Mustangs Fastpitch Association Softball Tryout Session. I understand that while I am participating in this tryout, that there is a risk of injury. I understand that such an injury can range from minor to major injury. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, other chronic disabling conditions and even death.

I hereby waive any and all claims, causes of action, right to entitlements, suits or damages against Strongsville Mustangs Fastpitch Association, including any and all coaches or representatives of Strongsville Mustangs Fastpitch Association Softball as a result of, or in conjunction with my participation during this tryout.

I also waive any claims to any other services, uniforms, equipment, medical or training services and the like.

I verify that I have no physical disabilities, impairments or chemical dependencies that may inhibit my participation in softball sport activities. I do not know of any medical reasons why I should not participate in this tryout for my sport. I hereby accept and assume the risk of injury and understand the possible consequences of such injury.

I, the undersigned, have read this form carefully and fully understand all items.

Player Signature

Date

Parent or Legal Guardian Signature

Date