SOFTBALL PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

TEAM NAME: _____

Name of Manager: _____

Mailing Address: _____

Home Phone: _____ Daytime Phone: _____

E-mail Address: _____

Days you wish to play? 1st Choice: _____ 2nd Choice: _____

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.
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 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 with 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 below and in consideration for permission to play on the fields arranged for by the team or league:

1. I understand that I and team members are responsible for the payment of all team fees. I also understand that failure to pay fee will result in removal of my participation in any and all City of Tulare sponsored sports, until fees have been paid.
2. I voluntarily elect to accept and assume all risks of injury incurred or suffered to 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 league for practice or play.
3 I release, discharge and agree not to sue the team and league designated, the field owner or other entity designated, the Ameteur Softball Association of America, the City of Tulare, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America or City of Tulare for any claims, 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 contract 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.

PRINT Name of Player	Mailing Address	City/Zip	Home Phone	Signature of Player