

Minor Waiver/Release
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
Name Of Minor Child/Ward
participate in any way in the Centre Park & Recreation Softball related events and activities, the
Legal Name Of Your Sports Program, Ex: League Name
undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Centre Park & Recreation Softball ;
Legal Name Of Your Sports Program, Ex: League Name
its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____

Check # _____
Amt \$ _____

Centre Parks & Recreation Softball Registration

PLAYER FULL NAME: _____
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH: _____ AGE: _____ (AS OF JAN 1ST)

ADDRESS: _____

PARENT / GUARDIAN: _____ PHONE: _____

PARENT / GUARDIAN: _____ PHONE: _____

EMAIL ADDRESS: _____ Are you willing to coach? _____

SHIRT SIZE: _____ YOUTH OR ADULT VISOR SIZE: _____ Y OR A
(XS, S, M, L, XL, 2XL, 3XL) (CIRCLE ONE) (YOUTH OR ADULT)

Medical Problems: _____

Insurance Information: _____

Parental Authorization

I, parent or guardian of the above named, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risk and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local organization, the organizers, sponsors, supervisors, participants, and persons transporting the player to and from activities, for any claim arising out of an injury to the player, except to the extent and amount covered by accident and / or liability insurance held by the local organization.

I also grant permission to managing personnel or other organization representative to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home or at other times when neither parent is available to grant authorization for emergency treatment. I will furnish a certified birth certificate of the above named player upon request by organization officials.

Signature of parent / guardian

Relationship to player

Date

**MAKE CHECK PAYABLE TO: Centre Pks & Rec.
NO REFUNDS**