

**WAIVER AND RELEASE OF LIABILITY**

TOP OF FORM IS TO BE FILLED OUT BY TEAM MANAGER

TEAM NAME: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

In consideration of being allowed to participate in any way in the NATIONAL SOFTBALL ASSOCIATION athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. 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 participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, HEREBY RELEASE, AND HOLD HARMLESS THE NATIONAL SOFTBALL ASSOCIATION, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, the CITY OF SALMON ARM BC, its agents, officials, and employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**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.**

X \_\_\_\_\_  
Print name legibly

Address: \_\_\_\_\_

City: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

X \_\_\_\_\_  
Participant's Signature

Date Signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**

(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent with legal responsibility for this participant, do consent and agree to his/her release as provided above all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

Emergency Phone #(s)

Date Signed: \_\_\_\_\_