PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

HAYWARD AREA RECREATION AND PARK DISTRICT
SOUTH COUNTY SOFTBALL ASSOCIATION

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 below.
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 the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and stationary objects, all of which can cause serious injury or death to me and to other players.
Further, I the undersigned 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 field arranged for by the team or league:
1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by 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.
2. I release, discharge and agree not to sue the team and league designated below, the Hayward Area Recreation and Park District, the South County Softball Association, the Amateur Softball Association of America, 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 for any claim, 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.

	Player Name (Print)	Street Address, City & Zip	Signature	Date
1.				
2.				

NAME OF PLAYER(S) BEING DROPPED: **1)** _____

2) _____

TEAM NAME _____ **MANAGER'S NAME** _____ **LEAGUE** _____

RECEIVED BY _____ **DATE** _____

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HAYWARD AREA RECREATION AND PARK DISTRICT
SOUTH COUNTY SOFTBALL ASSOCIATION

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