

Player Application/Waiver
Hot Springs Village Senior Softball Association
2017

Name (print) _____ Birthday _____
Telephone: (Home) _____ Cell # _____
Email Address (required) _____
Team Shirt Size _____ Position Preference (1 st base,outfield, etc.) _____
Emergency Contact: _____ Phone: _____

WAIVER OF LIABILITY

I ACKNOWLEDGE, AGREE, AND UNDERSTAND THAT: (1) PRIOR TO PARTICIPATING, I WILL INSPECT THE FACILITIES AND EQUIPMENT AND, IF I FIND ANY UNSAFE CONDITION, I WILL REFUSE TO PARTICIPATE: (2) I ACKNOWLEDGE AND FULLY UNDERSTAND THAT EACH PARTICIPANT WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY INCLUDING PERMANENT DISABILITY AND DEATH, AND THAT THERE MAY BE OTHER RISKS NOT KNOWN TO US OR NOT REASONABLE AT THIS TIME: (3) I ASSUME ALL RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR ANY AND ALL DAMAGES WHICH MAY OCCUR: (4) I RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE THE TEAM, HOT SPRINGS VILLAGE SENIOR SOFTBALL ASSOCIATION, HOT SPRINGS VILLAGE POA., FOUNTAIN LAKE SCHOOL DISTRICT, JESSIEVILLE SCHOOL DISTRICT, PAUL BEWIE BOYS & GIRLS CLUB OR ANY OTHER RELATED ENTITY, ALL OF WHICH ARE HEREINAFTER REFERRED TO AS "RELEASES" FROM ANY AND ALL LIABILITY, TO MYSELF, MY HEIRS, AND NEXT OF KIN FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY NEGLIGENCE OF THE RELEASES .

I UNDERSTAND THE LEAGUE BOARD HAS THE RIGHT TO SUSPEND ME FROM THE LEAGUE FOR ANY INAPPROPRIATE OR UNSPORTSMANLIKE CONDUCT INCLUDING NON PAYMENT OF MEMBERSHIP DUES.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNED IT VOLUNTARILY.

PRINT NAME _____ DATE _____
SIGNATURE _____

NOTE: THE 2017 MEMBERSHIP FEE FOR THE HOT SPRINGS VILLAGE SENIOR SOFTBALL ASSOCIATION IS: \$20.00. APPLICATION/WAIVER AND \$20 FEE MUST BE PAID AND RECEIVED BEFORE PLAYER WILL BE ALLOWED TO PLAY.