Waller County Adult Coed Softball

Waiver Form

Team Name:_____

I, the undersigned player named below, acknowledge, agree and understand that: 1.) Voluntarily and of my own free will, I elect to participate as a member of an adult sports team and WCSA. 2.) I understand that there are certain risks and hazards involved in participating in adult sports including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding, hitting, shooting and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and other 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 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 or accept and solely assume all risk of damages, injury, including death, 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 or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields/courts arranged for by my team or league for practice or play. 2) I release, discharge, and agree not to sue the team and/or league or any owner or lessee of fields/courts on which adult sports is played or practiced by my team or their owners, officers or any person or entity connected with the team, league, field/court 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 negligence, breach of contract, or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, AS WELL AS THE RULES FOR THE ADULT SPORTS PROGRAM AND AGREE TO ABIDE BY THEM.

Team Waiver Acknowledgement

Player Name_____DOB_____Signature_____Date_____
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