

MSL MODIFIED FASTPITCH SOFTBALL WAIVER/ RELEASE OF LIABILITY, OFFICIAL TEAM ROSTER & LEAGUE ENTRY FORM.

www.MAYFIELDSOFTBALL.com

Team Name: _____ **City** _____ **State:** NY **League Name:** MAYFIELD SOFTBALL LEAGUE

PLEASE READ BEFORE SIGNING!

In consideration of being allowed to participate in any way in the MAYFIELD SOFTBALL LEAGUE 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 the 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 all 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, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE MAYFIELD SOFTBALL LEAGUE, their officers, officials, agents and/ or employees, 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, WHETHER ARISING FROM THE 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.

Players Full Name (PRINTED): _____ Date: _____

Address with City and Zip Code : _____

I have read and understand the content of this waiver

Signature: _____ Date: _____

Managers NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Managers HOME: _____ CELL / WORK: _____

MANAGER'S VERIFICATION: This is to certify that the player abiding to this waiver does not have any assumed names and that this player conforms to eligibility rule governing MSL softball.

MANAGER'S SIGNATURE DATE

AREA DIRECTOR'S APPROVAL & CERTIFICATION OF CLASSIFICATION:

I hereby certify that the individual classification is correct. I further certify that this team is registered as a MSL Team.

APPROVED BY: _____ MSL MODIFIED FAST PITCH AREA DIRECTOR

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Player Jersey Number: _____

Image File Number: _____

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