ADULT SOFTBALL - ROSTER

LAKELAND PARKS AND RECREATION DEPARTMENT

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

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 of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and 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, the undersigned player, 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 fields 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 premised 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 field owner or other entity designated below, the City of Lakeland, 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 contact or wrongful conduct of the parties hereby released.

NAME OF TEAM	NAME OF LEAGUE	**CITY OF LAKELAND**
		FIELD OWNER or OTHER ENTITY

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 AND AGREE TO ABIDE BY THEM

#	NAME OF PLAYER (PRINT)	SIGNATURE	LEGAL RESIDENCE (ADDRESS, CITY, ST., ZIP)	IN / OUT CITY	PHONE NUMBER
1					
2					
3					
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M TU W TH FR **MEN'S CO-ED WOMEN'S:** _____

MANAGER'S NAME:_____ **SIGNATURE:**_____

ADDRESS:_____ CITY:_____ ZIP CODE:_____

WORK PHONE:_____ HOME PHONE:_____ E-MAIL:_____