

DF SOFTBALL / 2009 FALLBALL LEAGUE - PARENTAL CONSENT

TEAM NAME: _____ Age Div: _____ MANAGER'S NAME: _____

ADDRESS: _____ HOME #: _____ WORK #: _____

CELL #: _____ EMAIL: _____

ALL PARENTS/GUARDIANS MUST READ THIS BEFORE SIGNING ON BOTTOM

I UNDERSTAND THAT THE ABOVE SPORT MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENOUS EXERCISE OR ACTIVITY; THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING THE ABOVE SPORT ACTIVITY; AND THAT PARTICIPANTS IN THE ABOVE SPORT ACTIVITY OCCASSIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGE AS A CONSEQUENCE THEREOF.

AGREEMENT, WAIVER AND RELEASE

IN CONSIDERATION FOR BEING PERMITTED BY DF SOFTBALL, LLC, TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES, FOR PERSONAL INJURY, DEATH OR PROPERTY DAMAGE WHICH I HAVE, OR WHICH MAY HEREAFTER ACCRUE TO ME, AS A RESULT OF PARTICIPATION IN THE SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ABOVE FACILITY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED ABOVE. IT IS UNDERSTOOD THAT THIS ACTIVITY INVOLVES AN ELEMENT OF RISK AND DANGER OF ACCIDENTS AND KNOWING THOSE RISKS I HEREBY ASSUME THOSE RISKS. IT IS FURTHER AGREED THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND DANGER OF ACCIDENTS AND KNOWING THOSE RISKS I HEREBY ASSUME THOSE RISKS. IT IS FURTHER AGREED THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISK IS TO BE BINDING BY MY HEIRS AND ASSIGNS. I AGREE TO INDEMNIFY AND TO HOLD THE ABOVE PERSONS OR ENTITIES FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST, OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF MY DEATH OR INJURY OR PROPERTY DAMAGE THAT I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY.

I HEREBY CONSENT THAT MY DAUGHTER PARTICIPATE IN THE ABOVE ACTIVITY, AND I HEREBY EXECUTE THE AGREEMENT, WAIVER AND RELEASE ON HIS/HER BEHALF. I STATE THAT THE SAID MINOR IS PHYSICALLY ABLE TO PARTICIPATE IN THE ABOVE ACTIVITY. I HEREBY AGREE TO INDEMNIFY AND HOLD THE PERSONS AND ENTITIES MENTIONED ABOVE FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST, OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF THE DEATH OR ANY INJURY OR PROPERTY DAMAGE THAT SAID MINOR MAY SUSTAIN WHILE PARTICIPATING IN THE ABOVE ACTIVITY. **I HAVE CAREFULLY READ THE AGREEMENT, WAIVER AND RELEASE SET FOR ABOVE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND DF SOFTBALL, LLC. AND I SIGN IT OF MY OWN FREE WILL.**

PLAYER'S NAME	AGE	PARENT/GUARDIAN SIGNATURE	ADDRESS	HOME PHONE
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