

PLEASE PRINT LEGIBLY

**SPORTS WAIVER**

Agreement to Participate / Waiver & Release of Liability

**SPORT** (circle all that apply)

Men's Softball    Women's Softball    Co-ed Softball

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Team/Church Request: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (if ordering)

I am voluntarily participating in this SPORT (selected above) and I am participating entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in this SPORT, which may include, but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or other's negligence, or other conditions related to travel to event location(s) and condition of facilities at each event location.

I acknowledge that this SPORT may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury and property loss. The risks may include, but are not limited to those caused by terrain, facilities, temperature, weather, lack of hydration, conditions of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

In consideration of the risk of injury while participating in various sports activities, and as consideration for the opportunity to participate in this SPORT, I hereby for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability.

I hereby waive any and all rights, claims or causes of any kind whatsoever arising out of my participation in this SPORT, and do hereby release and forever discharge **Cornerstone Evangelical Presbyterian Church, West Highland Baptist Church, Northridge Church, Shepherd of the Lakes Lutheran Church, The Well Church, Community Bible Church, St. George Lutheran Church, St. Patrick Catholic Church, Brighton Church of the Nazarene, Crosspoint Church, Brighton Assembly of God, and 242 Community Church (collectively referred to as SPONSORS)**, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss that I may suffer as a direct result of my participation in the SPORT, including traveling to and from a location for this SPORT.

I assume all related risks, both known or unknown to me, of my participation in this SPORT, including travel to and from during the season.

I agree to indemnify and hold harmless all of the SPONSORS listed above against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If any of the SPONSORS of this SPORT incurs any of these types of expenses, I agree to reimburse each SPONSOR.

I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge each and every SPONSOR, field owner or facility, all their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs representatives, predecessors, successors and assigns from any and all claims for causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against any or all of the SPONSORS for personal injury or property damage.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred of such treatment. I am aware and understand that I should carry my own health insurance.

I have read and understand the rules, guidelines and bylaws of the SPORT and agree to abide by them. I understand that failure to abide by them may result in my expulsion from the game and/or the SPORT.

Players Signature: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy \_\_\_\_\_ Contract/Group# \_\_\_\_\_

**Parental Permission:**

I have read, understand, and I agree to all the above provisions, including but not limited to all promises not to sue, and waivers of claims, on behalf of myself, my child or ward, and my heirs, legal representatives and assigns. I represent that my child or ward is at least 15 years of age and in good physical condition and mental health and that participation in \_\_\_\_\_ practices, games and related activities will not involve undue risk to them or other participants. I certify that my child's age the first day of April of 20\_\_ will be \_\_\_\_\_.

In agreement thereof, I set my hand this month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

Parent/Guardian: \_\_\_\_\_

Parent or Guardian signature required if participant is 17 years of age or younger.