


PLAYER WAIVER FORM

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 which uses the field at Twin Lakes Baptist Church.
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 Twin Lakes Church softball league, and in consideration for permission to play on any and all fields arranged for by the 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 premises 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 Twin Lakes Church Baptist Church softball league, Twin Lakes Baptist Church, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field 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 contract or wrongful conduct of the parties hereby released.

Please provide the following information:

Player Name: _____

Player's Team: _____

League: Twin Lakes Baptist Church Softball League

League Address: 2701 Cabrillo College Dr, Aptos CA 95003

Player Address, City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____