

Superstition Softball League

Waiver

In consideration of my being accepted as a player on this team, I undersigned, intending to be legally bound, do hereby, for myself, my heirs, my personal representatives and assigns, waive, release and forever discharge any and all rights and claims for damages which I may have or may hereafter occur to me, against the Superstition League, its officers, park successors and/or any other corporations and individuals associated with the Superstition League from any and all damages, claims, injuries sustained in connection with my association or participation in any event.

I understand that it is my responsibility to consult my physician and to abide by his/her advice as to my physical condition to engage in any or all team events. I agree to notify the manager/coach of the team I joined of any physical disabilities that may affect my participation. I attest and verify that I have full knowledge of the risks involved by participating and that I am physically able and sufficiently trained to participate.

SIGNATURE IN FULL: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

WITNESSED: MANAGER/COACH

(Date)
