

2019 Adult Co-ed Softball League Team Roster and Consent

Team Name:	Manager's Name:	
Sponsor Name (if sponsored):	E-mail:	Phone:

I, the undersigned player, acknowledge and understand that:

1. *Voluntarily and of my own free will, I elect to participate as a member of a softball team in practices, leagues and tournaments administered by the City of Page Recreation Department.*
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 and other participants.*
3. *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, catching a ball, swinging a 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 other players.*

Futhermore, I, the undersigned player, agree that in consideration for the right to participate in the softball league:

1. *I voluntarily elect to assume all risks of injury incurred or suffered by me while practicing or playing, 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.*
2. *I release, discharge, waive any claim or cause of action against, and agree not to sue the team, leagues or tournaments, the City of Page, field owner or other entity designated above or below, or their owners, officers, agents, servants, associations, employees, or any other person or entity connected with the team, league, or court owner, for any claim, damages, costs or cause of the 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.*

	<i>Print name (players print own names)</i>	<i>Phone</i>	<i>Signature</i>	<i>Date</i>
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