

Team Name _____ **Division** _____

Coach _____ **Home Phone** _____ **Other Phone** _____

Coach's Address/City/Zip _____

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 indicated above.
- 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 my teammates.
- 3) I realize no insurance is provided for the participant and will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in the above mentioned activity.
- 4) I release, discharge and agree to save and hold harmless the City of Centralia, the City of Chehalis, the team, umpires, field owners, their employees, volunteers, or agents from any liability, damages, claims or expenses relating in any way to the participation in such activity.

Player's Name	Signature	Address/City/Zip	Phone	Shirt Size
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