Parks & Community Services Department, City of Dripping Springs

Adult Softball - Participation Waiver

This form must be completed for every player.



PARTICIP	ANT INFORMATION			
Name:			Phone:	
Email :				
City of Residence:			Zip Code:	
TEAM INF	ORMATION			
League:	(Please circle one)	Womens Spring League	Men's Summer League	Men's Fall League
Team Manger's Name:				
Team Name:				
				
PARTICIE	PANT WAIVER			
		for myoulf o	ad an habalf of mulaur baire, again	no noroanal rangoantativas and
1,	PARTICIPANT NAME	lor mysell al	nd on behalf of my/our heirs, assig	ns, personal representatives and
next of kin, hereby acknowledge that I voluntarily have applied to participate in the ADULT SOFTBALL PLAY. I understand that the act of ADULT SOFTBALL involves known and unknown risks of injury to me and other people, which includes but is not limited to death, permanent or temporary paralysis, disability, or other injury, as well as damage to my equipment and personal property. Some of these risks include the risks inherent in play such as falling and coming into contact with the ground, bases, bats, balls, and other players, latent or apparent defects or conditions in equipment or property, and passive or active negligent acts of myself, the City of Dripping Springs ("The City"). I understand that the above list of risks is not complete or exhaustive and that those and other risks known or unknown. I assume all risks associated with using the ADULT SOFTBALL FIELDS for league play located at Dripping Springs Sports and Recreation park, even if they arise from the negligence of the City of Dripping Springs, promoters, officials, advertisers, and property owners. By signing this release of liability and participating in the Adult Softball Season, I hereby fully and forever release and discharge, indemnify and hold harmless the City of Dripping Springs and their employees and agents from any and all liabilities, claims, demands, damages, rights of action, suits or causes of action present of future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my use or intended use of said premises, facilities or equipment.				
I have read, understand, and agree to the above waiver:				
Printed Nam	ne (Parent/Guardian if und	er 18) Signature (Pare	ent/Guardian if under 18)	Date