



CITY OF DRIPPING SPRINGS ADULT SOFTBALL PARTICIPANT WAIVER AND RELEASE OF LIABILITY

WARNING: PLAYING ADULT SOFTBALL CAN LEAD TO INJURY. THE PARTICIPANT ASSUMES ALL THE RISK OF SERIOUS INJURY OR DEATH.

THIS IS A RELEASE OF LIABILITY-YOU MUST READ AND FULLY UNDERSTAND THIS BEFORE SIGNING AND PARTICIPATING IN ADULT SOFTBALL PLAY AT DRIPPING SPRINGS SPORTS & RECREATION PARK. YOU MUST BE OVER THE AGE OF 18 TO SIGN THIS WAIVER.

Participant Name: _____

Event Location: Dripping Springs Sports and Recreation Park Adult Softball Fields

Event Date(s): April 5, 2021 - September 30, 2021

Participant Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: (____) _____ E-mail Address: _____

I, THE NAMED PARTICIPANT, for myself and on behalf of my/our heirs, assigns, 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.**

_____/_____/_____
Name of Participant Using Facility (Print) **Date of Birth**

Signature of Participant Using Facility (Must be 18 or older)

Today's Date ____ / ____ / ____ **Phone (____) _____ - _____**