Sarasota Co-Ed Softball League Bob@CoedBall.com

Roster

Геаm Name:	 	
Night Played:	 -	
Manager:	 	
Phone #:		

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT WAIVER RELEASE

The undersigned participants do hereby assume all risk of possible damage or injury and agree to hold harmless and indemnify Sarasota County and/or its departments or agents, the Sarasota CO-ED Softball League and all entities thereof, from liability resulting from participation in organized softball leagues and related activities.

In consideration of being allowed to participate in any way in the Sarasota CO-ED Softball League, related events and activities, the undersigned acknowledges, appreciates, and agrees that: 1) The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and, 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and asume full responsibility for my participation; and, 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4) I, for myself and on behalf of my heirs, assign, personal representatives and next of kin, I HEREBY RELEASE AND HOLD HARMLESSTHE SARASOTA CO-ED SOFTBALL LEAGUE their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date	Print Name	Phone	Signature	