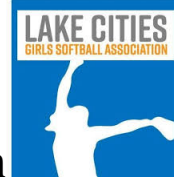


Adult Softball Waiver/Roster Form



In consideration of your accepting me as a participant, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Lake Cities Girls Softball Association and its representatives, successors, assigns, sponsors and volunteers assisting in Town activities, for any and all injuries suffered by myself on any activity sponsored by these groups. I do hereby grant and give these groups the right to use my photograph or image with or without my name both single and in conjunction with other persons or objects for any purposes including but not limited to private or public presentations, advertising, publicity and promotion thereto I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the Lake Cities Girls Softball Association harmless of and from any and all liability of whatever nature which may arise out of result from such uses.

Participants must recognize that all classes/activities of a physical nature involve some risk and by registering for a class/activity of this nature there is an assumption of risk by the participant. The Lake cities Girls Softball Association is dedicated to providing safe facilities and equipment for all participants, as well as qualified staff.

TEAM NAME

(Please Print)

	NAME (Please Print)	SIGNATURE	DL #	Shirt Size*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**All player's must sign the Waiver Form in order to participate.
Players that do not sign the Waiver Form are prohibited from participation.
It is the responsibility of the Manager to ensure that all players comply.**