

Bossier Parks and Recreation

Adult Softball League Waiver and Release of Liability

Participant Name: _____

Team Name: _____ Season: ☐ Spring ☐ Fall Year: _____

Acknowledgment of Risk and Waiver of Liability

I, the undersigned participant, hereby acknowledge and agree that participation in the Adult Softball League organized by Bossier Parks and Recreation is strictly voluntary and intended for recreational purposes. I understand that participation in sports and physical activities may involve certain risks, including but not limited to, personal injury, illness, property damage, or even death.

I fully accept and assume all risks associated with my participation in this activity. I acknowledge that Bossier Parks and Recreation, the City of Bossier City, its employees, agents, volunteers, and affiliates (hereinafter collectively referred to as the 'City') make no guarantees, warranties, or representations regarding the safety or conditions of the facilities or equipment used during this program.

Release and Hold Harmless Agreement

In consideration of being permitted to participate in the Bossier Parks and Recreation Adult Softball League, I do hereby release, waive, discharge, and covenant not to sue the City for any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me while participating in such activity or while in, on, or upon the premises where the activity is being conducted.

Insurance Responsibility

I understand that the City does not provide health or accident insurance for participants in this program. I certify that I am physically able to participate and that I have adequate insurance coverage for any potential injuries that may occur, or I accept full responsibility for all medical expenses incurred due to injury or illness.

Photo/Media Release

☐ I grant permission to Bossier Parks and Recreation to use photographs or video of me taken during this program for promotional or educational purposes.

Participant Certification

I have read this waiver and fully understand its terms. I understand that by signing this document, I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily.

Participant Signature: _____

Printed Name: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Number: _____