

ROCKFORD 60'S SENIOR SOFTBALL LEAGUE

ACKNOWLEDGMENT AND WAIVER AND RELEASE OF ALL CLAIMS

As a participant in the Rockford 60's Senior Softball League hereafter referred to as "the Program". I agree to abide by the Rules and Regulations.

I recognize and acknowledge that by participating in the Program there are certain risks of physical injury incidental to the game of softball, including, but not limited to the following: (1) Being struck by thrown or batted balls: (2) Being struck by swinging or thrown bats: (3) Being injured while running or sliding: (4) Being injured in a collision with other players, fencing, or other objects. I agree to assume and accept the full risk of the injuries, including damages or loss which I may sustain as a result of participating in any and all activities associated with the Program.

I do hereby agree to waive, relinquish, and indemnify and hold harmless and defend the Rockford 60's Senior Softball League its directors, team managers, and all players from all claims of injuries I may have sustained as a result of participation in the Program.

NAME _____ BIRTH DATE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE: (Home) _____ (Work) _____

LEAGUE NAME _____ TEAM _____

I received a copy of this Acknowledge and Waiver and Release of all claims. I read and fully understood its items and agree to all of them.

SIGN _____ DATE _____