ROCKFORD 60 ’S SENIOR SOFTBALL LEAGUE

ACKOWLEDGMENT AND WAIVER – 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, umpires, fencing or other objects.

I agree to assume and accept the full risk of the injuries, including damages or loss which I may sustain because of participation in all activities associated with the Program.

I hereby waive, relinquish, and agree to hold harmless and defend the Rockford 60’s Senior Softball League, its directors, team managers, and all players from any claims of injuries I may sustain because of or from participation in the Program.

Name_____ Birth Date_____

Address_____

City/State_____Zip_____

Phone(cell)_____Work_____

I received a copy of this Acknowledgement and Waiver Release of all Claims.

I read and fully understand this form’s content and agree with all of them.

Sign_____Date_____