QA SOFTBALL – SPRING 2021
REGISTRATION & WAIVER/RELEASE OF LIABILITY/MEDICAL RELEASE

NAME OF PARTICIPANT: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY, ST, ZIP:_____

TELEPHONE: (_____)_____ EMAIL: _____

"T-Ball" (PK-K)___ "Rookie" (1st & 2nd gr)___ "Minor" (3rd & 4th gr)___ "Major" (5th & 6th gr)___ "Senior" (7th, 8th & 9th gr)___

READ BEFORE SIGNING:
In consideration of being allowed to participate in any way in a QA SOFTBALL event, the undersigned acknowledges, appreciates, and agrees that:
1. The risk of injury from the activities involved in the event 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 assume all 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 and/or child from participation and bring such to the attention of the nearest official immediately; and

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS QA SOFTBALL, their officers, officials, volunteers, 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.

5. I, as the parent or guardian of the player, hereby give approval for participation in any and all QA SOFTBALL activities. I hereby grant permission to managing personnel or other League representative to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should the player become ill or is injured while participating in League activities when neither parent or guardian is available to grant permission for emergency care.

6. I hereby grant to QA SOFTBALL and to its volunteers, agents and the league's hired or personal photographers the right to photograph my dependent and use the photo and or other digital reproduction of her or other reproduction of her physical likeness for fundraising and publication processes, whether electronic, print, digital or electronic publishing via the Internet. If you do not wish for your child's image to be used, you must send written notice to qasoftball@gmail.com.

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.

*FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to her release as provided above all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

By signing this waiver, parent or legal guardian agrees to the above statements and verifies that the date of birth is correct. Parent or legal guardian of the youth participant must sign below.

MY CHILD IS WELL AND ABLE TO PLAY THIS SPORT. I WILL ADVISE THE COACH OF ANY CHANGES IN HEALTH STATUS.

PARENT/GUARDIAN SIGNATURE:

_____DATE_____

PRINTED NAME OF PARENT/GUARDIAN:

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