

Player Addition Form
This is a waiver and release agreement
City of LaPorte – LaPorte Park and Recreation Department
Adult Softball Program

WAIVER AND RELEASE OF ALL CLAIMS

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated below.
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that sliding into the bases is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

I am voluntarily participating in this activity with the knowledge of the risks which includes contracting a disease like COVID-19.

Further, I the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the fields arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (C) While on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated below, the field owner or other entity designated below, the National Softball Association, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field, or National Softball Association for any claim, damages, costs, or cause of action which I have or may in the future have as a result of injuries or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

		LP Park & Rec-City of LaPorte
Name of Team	Name of League	Field Owner or Other Entity
Name (print) _____ Address _____		
City _____ State _____ Zip _____ Phone _____ Age _____		
Employment _____ Signature _____		

Additional add-one on reverse side (do not detach)

LaPorte Park and Recreation Dept.
250 Pine Lake Ave.
LaPorte, IN PH: 219-9600

WAIVER AND RELEASE OF ALL CLAIMS

I have carefully read the waiver on the reverse side and understand that this is a release.

Name of Team Name of League LP Park & Rec-City of LaPorte
Field Owner or Other Entity
Name (print) _____ Address _____
City _____ State _____ Zip _____ Phone _____ Age _____
Employment _____ Signature _____

(do not detach)

I have carefully read the waiver on the reverse side and understand that this is a release.

Name of Team Name of League LP Park & Rec-City of LaPorte
Field Owner or Other Entity
Name (print) _____ Address _____
City _____ State _____ Zip _____ Phone _____ Age _____
Employment _____ Signature _____

(do not detach)

I have carefully read the waiver on the reverse side and understand that this is a release.

Name of Team Name of League LP Park & Rec-City of LaPorte
Field Owner or Other Entity
Name (print) _____ Address _____
City _____ State _____ Zip _____ Phone _____ Age _____
Employment _____ Signature _____

(do not detach)

I have carefully read the waiver on the reverse side and understand that this is a release.

Name of Team Name of League LP Park & Rec-City of LaPorte
Field Owner or Other Entity
Name (print) _____ Address _____
City _____ State _____ Zip _____ Phone _____ Age _____
Employment _____ Signature _____

(do not detach)