

LEWISTON PARKS & RECREATION SOFTBALL LEAGUE

TEAM NAME:

Preferred Playing Days: Mon Tues Wed Thurs DH?

PLEASE Type or Print Clearly!

MANAGER'S NAME

EMAIL ADDRESS:

CELL PHONE:

ADDRESS:

CITY:

ZIP:



PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

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

- 1) *I voluntarily and of my own free will, elect to participate as a member of the softball team and in the league as indicated above.*
- 2) *I understand that there are certain inherent risks and hazards involved in participation that may result in injury or death to me and/or other players.*
- 3) *I release, discharge and agree not to file suit against the team, sponsors, officials, field/court owners, USA Softball, and/or the City of Lewiston.*

PLAYER NAME	ADDRESS	CELL PHONE	EMAIL ADDRESS	SIGNATURE	SHIRT SIZE
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