

LEWISTON PARKS & RECREATION 2022 MENS/WOMENS SOFTBALL LEAGUE

TEAM NAME: _____

Preferred Playing Days: Mon Tues Wed Thurs DH?

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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