

City of Cape Coral – Parks & Recreation Department
PLAYER WAIVER, TEAM ROSTER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT
Adult Softball League

Manager's Name (Print)	(Sign)
Team Name	(Date)

Teams may carry a maximum of eighteen (18) players. After eighteen (18) players, the roster is frozen; no additional players may be added for the remainder of the season.

****I acknowledge that I have read and that I understand each one of the provisions below on this waiver, release of liability and indemnification agreement and agree to abide by them.**

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 the league listed above.
- 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 the very nature of the game of softball is hazardous and risky, including but not limited to, the acts of, pitching, throwing, fielding, catching the ball, swinging the bat, running, jumping, stretching, sliding, diving and collisions with other players and stationary objects; all which can cause injury or death to me and to other players. Further, I the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the fields arranged for by the team or league.
- 4) 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 another team or by other players on my team.
 - c) While on or upon the premises of any and or all of the fields arranged for by my team or league for practice or play.
- 5) I release, discharge and agree not to sue the team and league designated above, the field owner or any other entity designated below; to include the City of Cape Coral, Florida USA Softball or any of their owners, officers, agents, servants, associations, employees or any person or entity connected with the team, league, field or for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released. I hereby authorize the use of any photographs, video picture or any other material related to the event for publicity, promotion or news purposes.

	Name of Player	Signature	Address/City/State/Zip	Phone Number
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