

PLAYER WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN 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 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.

 Name of Team Name of League City of LaPorte

 Field Owner

LaPorte Park & Recreation Dept.
 250 Pine Lake Ave.
 LaPorte, IN 46350
 PH: 219-326-9600

www.cityoflaporte.com

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