

# Oshkosh Spartan Softball Club, Inc.

## WAIVER AND RELEASE AGREEMENT

In consideration for being permitted by the above club to participate in all club activities, I hereby waive, release, and discharge any and all claims for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the above club (its officers, coaches, board members, volunteers, and agents), from any and all liability arising out of or connected in any way with my participation in club activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that softball involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities.

\*PARENTAL CONSENT: (To be completed and signed by parent/guardian)

I hereby additionally consent that my daughter, \_\_\_\_\_, may participate in the above activity and I hereby execute this WAIVER AND RELEASE on her behalf. I state that said minor is physically able to participate in softball. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activities.

**I understand that no medical insurance is provided and that no refunds will be given. I further understand that photographs and video may be taken of my child during the course of the said activity and that these photographs and video may be used for Oshkosh Spartan Softball Club publicity purposes unless I revoke this in writing and provide it to a club board member.**

**I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the above district and I sign it of my free will.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_.

Print Name \_\_\_\_\_.

### **PARTICIPANT EMERGENCY INFORMATION (Print in black ink)**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mom's Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Plan \_\_\_\_\_ Card # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ (other than parent)

List any allergies, health problems or physical limitations for child or parent that we should be aware of:

\_\_\_\_\_.

**\*\*This form MUST be completed and returned to your team representative before minor may participate.**