

Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player acknowledges, agrees and understands 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, equipment and other participants.
3. I understand that sliding into base 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 of 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.

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 a 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 ball 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 owners or other entity designated below, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees or any person or entity connected with the team, league, field or Amateur Softball Association of America 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 sustained or incurred by me from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties thereby released.

Name of Team (If Known): _____

Name of League: Ketchikan Softball Association

Field Owner: Ketchikan Gateway Borough

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

Signature: _____ Date: _____

Printed Name of Player: _____

Ketchikan Softball Association

Official Player Contract

Season Year: _____

League: CoEd: ____ Men's: ____ Women's: ____

Team Name (If Known): _____

Player Name: _____

Mailing Address: _____

Contact Phone: _____

Email Address: _____

As indicated by my signature below, I agree to play softball with the team named above, during the indicated season year. I also agree to comply with all the rules and regulations as stated in the Ketchikan Softball Association Constitution and By Laws and the respective League rules.

NO METAL CLEATS ARE ALLOWED

I understand that I will be participating in the Ketchikan Softball Association as a player, at my own risk and have signed that player waiver (on reverse of this form), release of liability and indemnification agreement that each coach has for his/her team.

I agree to pay a **\$50 Player Membership Fee** to the Ketchikan Softball Association upon signing this agreement, as a condition of participation in the Association.

Player Signature: _____ Date: _____

Manager Signature: _____ Date: _____

NOTE: A released player must sign a new contract for each season year and turn it in to the Ketchikan Softball Association office prior to playing. This is a one-time membership fee and is non-refundable and non-transferrable.

FOR OFFICE USE ONLY:

Payment Received: Check____ Cash____ Credit Card____

Receipt Requested: Yes____ No____

Payment Received By: _____ Date: _____