

Waiver of Liability and Release for Sorcerer Softball

Participant or Parent/Guardian if participant is under age 18 Last Name: First Name:		
Minor Participant Last Name: DOB: Street Address:	First Name:	Middle:
City:	State:	Zip:
Phone Number:	Email:	
of age or older) or parents/legal guardian involve risk of serious injury which migh actions, inactions, or negligence or the cobe other risks not known or not reasonal nature of the activity, latent or apparent SOFTBALL or other entity; acts of other pmy own physical condition, acts of omiss grounds or terrain and accidents connected.	rvices provided by Sorcerer Sany capacity on their behalf allows by INTIALLING: Ind that I,, the of the above listed minor participate result not only from my own accomplications of the premises or of any oble foreseeable at this time. The rist defects of conditions in equipment participants in this activity, employed it is conditions of SORCERER SOF ted with their use; first aid emerger	Toftball, their agents, officers, (hereinafter referred to Sorcerer ne participant (if participants is 18 years ant, will be engaging in activities that may unts, inaction, or negligence, but from equipment used. Further, that there may ks may include, but are not limited to: or property supplied by SORCERER ees, or agents of SORCERER SOFTBALL; FBALL facilities used, and surrounding
this activity is purely voluntary and I elec accept personal responsibility for the da	ct, in spite of the risks, to participat	

SOFTBALL and each of their respective commissioner, directors, agents, its parent, subsidiaries, affiliate, employees, distributors and agents, other accompanying participants, and if applicable, operator of lessors of premises used to conduct the event/activity, from any and all liability for any and all claims, demands of cause of action which are in

any way connected with my participation in softball activities.

4. I hereby certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in these activities or alternatively I agree to bear the cost of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity, or else I am willing to assume and bear the cost of all risk that may be created, directly or indirectly, by any such condition. 5. I hereby certify that I am at least 18 years old, or the part or legal guardian of the participant under 18, and I agree I will wear a batting helmet at all time while in the batting cages. I hereby certify that each weight room		
participant will always have a spotter when lifting weights. I hereby provide THE YARD permission to administer basic first aid and I authorize SORCERER SOFTBALL or its agents or employees to contact 911 or other emergency personnel as needed.		
6. I do hereby give THE YARD its assigns, licensees, and legal representatives the irrevocable right to use photographs or video in all forms and media and in all manners, including composite, for advertising or marketing for publication or any other lawful purposes, and I wave any right to inspect or approve the finished product, including written copy, internet, etc., which maybe created in connection therewith.		
By signing this document, I acknowledge that if anyone is hurt, or property is damaged during participation in this activity a court of law may find me to have waived my right to maintain a lawsuit against SORCERER SOFTBALL and each of the parties listed in paragraph 3 above on the basis of any claim from which I have release them herein.		
I HAVE HAD SUFFICIENT TIME TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND AGREE TO BE BOUND BY ITS TERMS.		
Participant or Parent/Guardian if participant is under age 18:		
Legal Signature of Adult Participant or Parent/Guardian if a minor participant(s):		
Printed Name: Signature:		

Date:_____