

LOVELAND SOFTBALL ASSOCIATION (LSA)

2017 PLAYER WAIVER

(Effective 1/1/17 thru 12/31/17)

NAME OF PLAYER _____

BIRTH DATE _____

PARENTS: _____

ADDRESS: _____

CITY _____ **ST:** _____ **ZIP:** _____

Fast Pitch Softball is a sport which may involve collisions with other players, the ball or the ground. The sport is often played in hot, humid weather. Because of these conditions, which are part of the game, players are exposed to the risk of serious injury. Injuries could include, but are not limited to, broken bones, concussions, paralysis, damage to internal organs and even death. Such injuries can result in short term loss of function and/or long term impairment of physical abilities. In an effort to make the game of softball as safe as possible, the coaches of this team will teach the players the skills and rules of softball. Players must follow the coaches' instruction, rules and policies to reduce the possibility of injury. Team rules and policies are distributed to players and parents.

I/we, the undersigned, have read the warnings above and understand that fast pitch softball is a physical sport and that there are risks involved in participation. I/we further understand that there is a possibility that my/our daughter could be injured as a result of her participation.

I/we understand that LOVELAND SOFTBALL ASSOCIATION carries team medical team insurance to cover players who are members of the team on an "excess" basis only, and that my/our personal insurance will be utilized first.

I/we hereby, on behalf of my/our child and for myself/us, my/our child's heirs, executors and administrators do waive, release and forever discharge any and all rights and claims for damages which I/we or my/our child may have or which may hereafter accrue me/us or my child against the LOVELAND SOFTBALL ASSOCIATION and its respective officers, representatives, successors and coaches for any injury incurred during practice, games or supervised team travel to and from same; and by signing where designated below, acknowledge that I/we, as parent(s) or guardian(s), has/have received, read, fully understand and agree to all the terms and conditions of this waiver.

I/we give my/our permission for the above named girl to participate with the LOVELAND SOFTBALL ASSOCIATION for the 2017 season and I/we hereby certify that she is physically fit to take part in the softball program. I/we further authorize the coaches, or a representative of the LOVELAND SOFTBALL ASSOCIATION, to use his/her best judgment to protect, assist and seek medical attention for the above named

HEALTH RESTRICTIONS _____

PLAYER SIGNATURE _____ **DATE** _____

PARENT SIGNATURE _____ **DATE** _____

PARENT SIGNATURE _____ **DATE** _____

