CITY OF CAPITOLA RECREATION DEPARTMENT
PLAYER WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

INSTRUCTIONS TO MANAGER: Fill in the name of your team, the name of the league (Men's "B", etc.), and the Season/Year (Summer or Fall 1999). Every player must have a signed Waiver/Release Form on file with Capitola Recreation before she or he plays in any league game. **It is the responsibility of the manager to keep the team roster up-to-date.** The player agreement is through the current season, or until the player is released by the manager.

NOTE: ANY FALSIFICATION OF INFORMATION ON THIS FORM WILL SUBJECT THE PLAYER, MANAGER, AND/OR TEAM TO SUSPENSION FROM THE LEAGUE.

PLAYER AGREEMENT

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 on this form.
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, field and playing 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 on this form 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 as designated on this form; the field owner, including the city of Capitola and the Soquel Elementary School District, their agents and employees; the Amateur Softball Association of America, 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 hereby released.

_____	_____	_____
NAME OF TEAM	**NAME OF LEAGUE**	**MANAGER**

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER AGREEMENT AND AGREE TO ABIDE BY THEM.

NAME OF PLAYER (print)	SIGNATURE OF PLAYER	DATE

PLAYER AGREEMENT

I, the undersigned player, acknowledge, agree and understand that:

5. Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated on this form.
6. 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, field and playing conditions, equipment and other participants.
7. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death..
8. 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.

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4. I release, discharge and agree not to sue the team and league as designated on this form; the field owner, including the city of Capitola and the Soquel Elementary School District, their agents and employees; the Amateur Softball Association of America, 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 hereby released.

_____	_____	_____
NAME OF TEAM	**NAME OF LEAGUE**	**MANAGER**

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER AGREEMENT AND AGREE TO ABIDE BY THEM.

NAME OF PLAYER (print)	SIGNATURE OF PLAYER	DATE