

LeRoy Razzasque Days Softball Tournament Player Waiver and Release of Liability Agreement

Team Name: _____

Team Captain (*please print*): _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: (cell) _____ (work) _____ (home) _____

- This form may be submitted the day of the Tournament **before** your team's first scheduled game.
- All players **must sign** page 2 of this Agreement in order to be eligible to play in the LeRoy Razzasque Days Softball Tournament.

The following MUST be read and signed (on page 2) by every player:

I, the undersigned player, acknowledge, agree and understand that: 1) I, voluntarily and of my own free will, elect to participate as a member of the softball team indicated above. 2) I understand there are certain risks and hazards involved in playing softball that may result in injury or death to me or to other players including, but not limited to hazards associated with weather conditions, playing conditions, equipment, and other participants. 3) I understand 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 the ball, the swinging of the bat, running, sliding, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

I, the undersigned player, agree that in consideration for the right to play as a member of the softball team designated above and in consideration for permission to play in the LeRoy Razzasque Days Softball Tournament, 1) I voluntarily accept and assume all risks of injury incurred or suffered by me while practicing or playing as a member of the team so designated, 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 while on or upon the premises of any and all the fields arranged for practice or play. 2) I release, discharge, hold harmless, and agree not to sue the Village of LeRoy, their employees, the LeRoy Area Sports Organization or any of the Razzasque Days Tournament Committee Members or tournament volunteers, 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.

ATTENTION!

Each player **must read** the Player Waiver and Release of Liability Agreement on the first page (page 1) of this form **before signing below**, in order to be eligible to play in the LeRoy Razzasque Days Softball Tournament.

- **By signing below you acknowledge** that you have read and understand each of the provisions in the Player Waiver and Release of Liability Agreement, **and agree to the terms** outlined in said Agreement. You also attest that you are physically fit and sufficiently prepared to compete in the LeRoy Razzasque Days Softball Tournament.

Player Name (please print!)	Address	Email	Player Signature