## ADULT SOFTBALL – ROSTER HIGHLANDS COUNTY PARKS AND RECREATION DEPARTMENT WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT



HIGHLANDS COUNTY
FIELD OWNER or OTHER ENTITY

ZIP:\_

## By signing below, I, the undersigned, have read, acknowledge, understand, and AGREE that:

1. I am 18 years of age or older.

NAME OF TEAM

ADDRESS:

WORK PHONE:

- 2. I elect to participate as a member of an adult softball team and league voluntarily and of my own free will.
- 3. I am physically fit and have the requisite skill level required for participation, and have not otherwise been advised.
- 4. Sliding into a base is dangerous to me and to other players and may result in injury or death to myself or others.
- 5. There are certain risks and hazards involved in participating that may result in injury or death to me or others, including, but not limited to, hazards associated with weather, playing conditions, equipment, facilities, animals, other participants, and spectators.
- 6. The very nature of the game of softball is hazardous and risky, including but not limited to, collisions with people or objects, attempted or actual fielding or catching the ball, swinging the bat, running, jumping, stretching, sliding, and diving, all of which can cause injury or death to myself or others.

Further, in consideration for the right to play as a member of the team and league designated below, and in consideration for permission to play on the fields arranged for by the team or league, I, the undersigned, AGREE as follows:

- 1. Release of Liability: I agree to waive and release all liabilities, claims, actions, damages, costs or expenses of any nature, including those due to negligence, ("Claims") associated with all risks that are inherent to my participation in the event and/or the activities specified herein or other activities conducted in conjunction therewith, including practicing or playing as a member of the team, serving in a non-playing capacity, or being at or on the premises of fields (the "Event/Activity") (which risks may include, among other things, muscle injuries, heat and stress related issues, cuts, lacerations, fractures, broken bones, dismemberment, other injuries, and death), whether such risks are open and obvious or otherwise. Further, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all Claims arising in any manner out of or in any way connected with my participation in the Event/Activity.

  2. Indemnification: I agree to indemnify and hold the Highlands County Board of County Commissioners, the field owner, and any other entity
- 2. <u>Indemnification</u>: I agree to indemnify and hold the Highlands County Board of County Commissioners, the field owner, and any other entity designated below (including the team and league), and the officers, directors, employees, agents, contractors, successors, assigns, and volunteers of each of the foregoing entities (collectively, the "Released Parties"), harmless from and against any and all Claims arising out of or in any way connected with my participation in the Event/Activity, wherever the Event/Activity may occur, including, but not limited to, all attorneys' fees and expenditures through and including any appeal. I understand and agree that this indemnity includes any Claims based on the negligence, action, or inaction of any of the Released Parties and covers bodily injury (including death), and property damage and loss by theft or otherwise, whether suffered by me before, during, or after participation in the Event/Activity.
- 3. I agree that should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions will remain in full force and effect. I agree that this agreement will be governed by the laws of the State of Florida, and jurisdiction and venue for any legal action will commence exclusively in the state court(s) in and for Highlands County, and I specifically waive the right to trial by jury.

NAME OF LEAGUE

NAME OF PLAYER (PRINT)	SIGNATURE	LEGAL RESIDENCE (ADDRESS, CITY , ST, ZIP)	PHONE NUMBER
			H: C:
PLEASE CONTINUE ON PAGE TW	/0		C.
M TU TH	MEN'S CHUR	CH WOMEN'S	
AGER'S NAME:		SIGNATURE:	

\_ CITY:\_\_\_

E-MAIL:

HOME PHONE:

## PAGE TWO OF ADULT SOFTBALL ROSTER

## CONTINUE

18		H: C:
19		H: C:
20		H: C:
21		H: C:
22		H: C:
23		H: C: