

LEWISTON PARKS & RECREATION 2021 COED SOFTBALL LEAGUE

TEAM NAME:

Preferred Playing Days: Mon Tues Wed Thurs DH?

MANAGER'S NAME

EMAIL ADDRESS:

CELL PHONE:

ADDRESS:

CITY:

ZIP:

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT: *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 and in the league as indicated above.*
- 2) *I understand that there are certain inherent risks and hazards involved in participation that may result in injury or death to me and/or other players.*
- 3) *I release, discharge and agree not to file suit against the team, sponsors, officials, field/court owners, USA Softball, and/or the City of Lewiston.*



| PLAYER NAME | ADDRESS | CELL PHONE | EMAIL ADDRESS | SIGNATURE | SHIRT SIZE |
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