**Las Vegas Senior Softball AssociationMembership Application/Renewal**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_D.O.B\_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_\_**

**Home#(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_**

**EMAIL (PLEASE PRINT CLEARLY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checks Payable to LVSSA #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cash\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby agree to abide by Las Vegas Senior Softball Association’s “Rules of Conduct”.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_\_**

**Las Vegas Senior Softball Association, Inc.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand that there are certain inherent risks involved with any participation in any activities organized and scheduled by Las Vegas Senior Softball Association, Inc. (LVSSA) and/or officers and/or directors in City of Las Vegas, Nevada (City) on softball playing grounds and fields anywhere in Clark County, Nevada whether or not in the City or other municipalities. (Herein referred to as “EVENT”). I also understand LVSSA carries insurance that may or may not benefit me.**

**I further understand that such inherent risks may include, but are not limited to, injuries caused by the following: terrain; weather; facilities; vehicle traffic; recreational activities; my personal physical condition; other participants; lack of hydration; and the significant distant from the EVENT site to medical treatment facilities/hospitals(Herein referred to as “RISKS”).**

**I agree that, prior to participation in the EVENT, I will inspect the EVENTS areas, facilities, and equipment, and will personally or thru team representative, promptly notify the EVENT supervisor of any unsafe conditions of which I may become aware of. I confirm that I am physically fit for EVENT, and have not been advised against participation in the EVENT by a qualified health professional.**

**In consideration of the opportunity to participate in the EVENT, except to the covered by an LVSSA or City insurance policy, I waive, release, and forever discharge LVSSA and the City, their respective agents, employees, officers and other individuals or entities serving LVSSA or the City in connection with the EVENT, from any and all claims, losses, damages, actions, and expenses, such as death, personal injury or personal property damage and any resulting litigation cost/attorneys’ fees, which I may suffer or incur arising, in whole or in part, out of any RISK and my voluntary participation in the EVENT.**

**This Release shall be binding on my heirs and assigns, and shall replace and supercede all previous agreements (if any) in respect to the subject matter hereof. Nothing in the foregoing is intended to release anyone from gross negligence or intentional wrongful acts or failures to act, nor is it intended to benefit any party other than those specified herein.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My Signature Date**

**LVSSA Release March 2014**