



**ASSOCIATE MEMBERSHIP
PARTICIPATION AGREEMENT
NEW ULM GIRLS FASTPITCH SOFTBALL ASSOCIATION**

I am the parent and/or legal guardian of _____; and I hereby give her permission to utilize the equipment at the indoor practice facility of New Ulm Girls Fastpitch Softball Association (NUGFSA). I understand and agree to all of the terms and conditions in this agreement.

Assumption of Risk, Waiver and Release: I am fully aware and understand that participation in the activities at this facility involves certain anticipated and unanticipated risks and dangers of potential physical and non-physical injury or damages. Knowing and understanding these risks, dangers, and potential injuries or damages, I, as parent and/or legal guardian and for myself, my family members, and our heirs, successors, and assigns, hereby:

Assume any and all risks, danger, and any and all injury or damage, which may result from participation in the activities at the indoor practice facility of NUGFSA;

Release, remise and discharge NUGFSA and all persons or entities supervising, assisting, volunteering, or otherwise involved in the activities at the facility from any and all liability for injury or damage, whether to the person or property that may result from participation in the activities and events of NUGFSA, including all risks and damages, foreseen or unforeseen, whether caused by negligence or otherwise;

Waive any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses, or compensation, on account of or in any way arising out of any and all injury or damage, whether to person or property, resulting from participation in the activities NUGFSA;

Agree to indemnify and hold harmless NUGFSA and all persons or entities supervising, assisting, volunteering, or otherwise involved in the activities and events of NUGFSA from any claims made as a result of any and all injuries or damages to my child or our property.

Associate Member Participation Fee: I agree to pay a fee of **\$225.00** for a one (1) calendar year associate membership from January 1st through December 31st. The fee is non-refundable, but would be applied to a normal membership if my child decides to join the association.

Facility Rules: I agree that my child will follow all posted rules at the facility. Failure to follow the posted rules will result in disciplinary action by NUGFSA.

Acknowledgment: I hereby acknowledge that I have read this agreement carefully and know that it contains binding terms and conditions including a release, a waiver, an indemnity clause, and outlines the responsibilities for participation at the indoor practice facility of NUGFSA. I fully understand all terms and conditions, and I freely and voluntarily sign this participation agreement in order to allow my child to participate.

Dated: _____

Signature of Parent or Legal Guardian

NUGFSA Board Use Only:

Check Number Received:

Amount of Check:

Information Verified by: