

PARK CENTER PIRATES

Softball Clinic WAIVER

WAIVER MUST BE FILLED OUT COMPLETELY AND SUBMITTED PRIOR TO THE START OF CLINIC

**WAIVER/EXCLUSION CLAUSE (every participant and parent/guardian must
read carefully and acknowledge by signing)**

By registering for the Park Center (PC) Pirates Softball Clinic, I/we understand that in attending the program and using the facilities I/we do so at my own risk. PC, and its owners, employees and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by me and/or my family in or about any programs on the premises.

I/we acknowledge that I/we am/are aware of the risks inherent in participating in indoor/outdoor softball practice; that indoor/outdoor softball is a physical sport which can require considerable running, starting, stopping and physical exertion; and could potentially lead to limb injuries; possible permanent disability and death.

I/we assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and I/we do hereby fully and forever release, discharge and hold harmless both PC Senior High and School District 279, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of my/our participation in any programs or use of its facilities.

In addition, I agree to follow the rules of participation and conduct as set by PC.

Player Name and Age: _____

Player 2019-20 Grade and School _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Emergency Phone #: _____

Parent/Guardian Email: _____

Date: _____