

Millard United Sports - Youth Parental/Player Waiver, Release of Liability, Indemnification & Consent Form

I, the undersigned, as the player or parent/legal guardian of the child named below, do hereby give my full consent for myself/my child's participation as a member of the softball team and team indicated below. I understand that there are certain risks of damages and injuries, including death, inherent in the play and practice of softball, as well as in traveling or other related activities incidental to my/my child's participation and I am willing to assume these risks on my/my child's behalf. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants. I understand that sliding into base is dangerous to myself/my child and other players and may result in serious injury or death. I understand that the very nature of the game of softball is hazardous and risky including, but not limited to. the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bal, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to myself/my child and to other players. Further, I agree that for in consideration of the privilege to allow myself/ my child to participate as a member of the team designated below and in consideration for permission to play on fields provided by the team or league. 1. On behalf of myself/my child, I do voluntary elect to accept and solely assume all risks of injury incurred or suffered by myself/my child (a) while practicing or playing as a member of the team so designated: (b) while serving in a non-playing capacity as a team manager or observer during practice or play by other teams or by other players on my/my child's team; and (c) while on or upon the premises of any and all of the fields provided for my/my child's team for practice or play. 2. In addition to giving my full consent for my/my child's participation, I do hereby waive, release, discharge agree not to sue the team and league designated below, the owner or operator of any field or other entity designated as follows: The USA Softball Association, United States Specialty Sports Association, the City of Omaha, Millard United Sports, Douglas County or any of the owners, officers, agents, servants, associations, league field, USA Softball Association, United States Specialty Sports Association, Millard United Sports, the City of Omaha, or Douglas County, for any claim, damage, costs including the negligence, breach of contract, attorney fees or cause of action which I or my child may have or may have in the future as a result of damages, injuries including death, sustained or incurred by me/my child from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released. I hereby certify the I/my child am/is fully capable of participating in the designated sport and that I/my child am/is healthy and have/has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to coaches and officials of the team and league at the time of participation I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of myself/my child, even if the damages, injuries or death are caused in whole or in part by any of the personnel or entities hereby released. I further hereby agree that Millard United Sports may use any photographs taken of me/my child during participation for use on its website or which may also be used in promotional activities for the sport. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND WILL ABIDE BY THEM. I. THE UNDERSIGNED. AS THE PLAYER OR PARENT/LEGAL GUARDIAN OF THE CHILD NAMED BELOW, DO HEREBY GIVE MY FULL CONSENT FOR MY OR MY CHILD'S PARTICIPATION AS A MEMBER OF THE SOFTBALL TEAM INDICATED BELOW.

Team Name		Age Group	Age Group Coaches' Name City State Zip Code Home Phone Work				
Address		City	State Zip Cod	e Ho	me Phone	Work _	Cellular
Please Complete the Following Information Completely and Legibly							
First Name	Last Name	Address	City/State/Zip	Birthdate	Phone	Parent Initials	E-Mail Address
Manager	/Coach Signature		E-Mail Address				Date