

Waiver and Release of Liability – Adult Softball

Team name: _____

Manager’s name: _____

In consideration of being allowed to participate in any way in the **Comstock Township Parks & Recreation** athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
- 2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- 4. I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, hereby release, and hold harmless the national softball association, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and the **Comstock Charter Township**, its agents, officials, and employees (“Releasees”), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from negligence of the releases or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

PHOTO RELEASE:

By signing this form, I hereby grant the Comstock Township Parks & Recreation permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or consideration.

COVID REGULATIONS:

By signing this form, you agree to follow the current mandates in place by the State of Michigan and Kalamazoo County Health Department related to mask wearing, social distancing, and testing. If you or a direct family member is showing symptoms of COVID-19 or feel ill, you are to remain home. All players, managers, umpires & staff are to wear masks at the ballpark, adhere to social distancing of 6 feet apart from those not living in the same household, wash hands and use hand sanitizer often.

Please Print Players Names	Players Signatures
Name: _____	Signature: _____
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