

	Horsham Heat Softball TEAM:U Tryout Release Form
Name of Player:	Date of Birth:
Address:	Age on date of tryouts
	Registration Number:
Father's Name:	Mother's Name:
Player's Home Phone Number:	
Parent's Home Phone Number:	/Cell Phone Number:
Mother e-mail address:	
Father e-mail address:	
	Waiver of Liability
plus other consideration not stated herein any and all other persons and/or entities, hereby waive any and all claims, rights, shoard members, agents, employees and/or any and all injuries and/or damages and/or activities related, in any way, to the tryou	ration of the ability to tryout for the Horsham Heat Softball program , do hereby for myself, my child, my heirs, successors, assigns, and whatsoever/whomsoever (hereinafter referred to as Releasees), do suits against the Horsham Heat Softball and/or its officers, directors, or the individuals volunteering and participating in the tryouts herein for expenses and/or costs related to my/ my child's participation in the its, whether the injuries and/or damages and/or expenses and/or costs e or other action, except intentional acts, of the Releasees.
I/we voluntarily request that my child/I be and agree to accept any and all risks to me damage arising from participation in the	derstand the nature and risks associated with the game of softball and e permitted to take part in the tryouts listed above. I/we acknowledge syself and/or my child for any injury including death and/or property activities associated to the tryouts specifically if the injury including by or in any way related to the acts and/or omissions of the Releasees or otherwise, except intentional acts.
and all loss, liability, damages, expenses	e to indemnify, defend and hold harmless Releasees of and from any and costs, including attorney fees, that may be incurred as a result of whether caused by Releasees negligence or otherwise, except
Player's Signature:	Date:
Custodial Parent's/Guardian's Signature	Date: