

Liability Waiver:

The Parent or Guardian of applicant must sign the waiver below.

Please read this form carefully and be aware in registering yourself, your child, or ward for participation in this program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

As a participant in the program or the parent/guardian of a participant in the program, I/we recognize and acknowledge that these are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, damages, or loss which I/we or my minor child/ward may sustain as a result of participating in any or all activities connected with or associated with such program.

I/We, the parent and/or guardian of the named applicant, in consideration of the acceptance of this application, waive, release and discharge any and all claims against the Johnsbury Pigtail League and all cooperating agencies, their representatives, agents, and/or assigns for any and all damages which may be sustained by the applicant in travel to, participation in, and returning from softball games and/or practices sponsored by the league.

I/We also assume all responsibilities for our children's conduct at all practices and games.

I/We agree to waive, relinquish all claims my minor child/ward or I/We may have as a result of participating in the program against the Johnsbury Pigtail League and its officers, agents, servants, and employees.

I/We do hereby fully release and discharge the Johnsbury Pigtail League and its officers, agents, servants and employees from injuries, including death, damage, or loss which I/We or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program.

I/We further agree to indemnify, hold harmless and defend the Johnsbury Pigtail League and its officers, agents, servants, and employees from any and all claims associated with the activities of the program.

In case of accident or sickness, I/We consent to emergency medical care provided by ambulance or hospital personnel.

I/We hereby consent to the use of my photograph in Johnsbury Pigtail League brochures, publications, slide presentations, etc.

I/We agree to adhere to the Johnsbury Pigtail League's Codes of Conduct.

I/We have read and fully understand the above Waiver and Release of All Claims.

Parent Signature _____ Date: _____