

Falls City Sports Club

Softball Medical Release Form

I, _____, do hereby give my approval for participation in any and all Falls City Sports Club softball league activities. I hereby grant my permission to managing personnel or other organization league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should I become ill or injured while participating in league activities away from home. I assume all risks and hazards incidental to my participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Falls City Sports Club, its representatives, the organizers, participants, and persons transporting me to and from the activities, for any and all claims arising out of an injury to myself.

Insurance Company: _____

Policy or Certificate Number: _____

Signature of Covered Participant: _____

Printed Name of Covered Participant: _____

Date: _____

A Medical Release Form signed by a player MUST BE provided in advance of any participation, for each player on the team, in order that physicians and hospitals may accept players for treatment in the event of illness or injury. Documentary evidence of insurance is also required, as such evidence of insurance may be requested by a physician or hospital when a team member is treated. A certificate of insurance, or insurance card, is the preferred format.