 **Recreation Division** **FALL SOFTBALL 2024**

**Assumption of Risk and Waiver of Liability and**

**Agreement to Abide by City of Turlock’s**

 **Team Name: Enter Team Name**

**GENERAL WAIVER AND RELEASE OF LIABILITY**I realize that injuries may arise while participating in sports activities. I agree to accept any and all risks on injury, death, or damages of any nature resulting directly or indirectly from my participation in this activity. I further agree that neither I nor anyone acting on my behalf will make a claim against or sue the City of Turlock its officers, agents, or employees, for any injury or damage resulting from my voluntary participation in this activity. I also hereby acknowledge and understand that the City of Turlock carries no accident or medical insurance for participants in adult recreational sports, such as Adult Softball. NOTE: In the event of damage caused by a ball, the liable party will be the person who caused the ball, by whatever means, to become errant. The City of Turlock cannot accept liability for any damages resulting from an errant ball, because such damage does not arise from the negligent act of City employees. Liability relates directly to the party causing the damage.

**CERTIFICATION:** By my signature, I certify that I am familiar with the contents of this Assumption of Risk and Waiver of Liability and Agreement to Abide by COVID-19 Protocols (Adult Recreational Sports), that I have read and understand the same, and that it is my intention that it bind not only me, but my heirs, administrators, executors, successors, and assigns, and, if applicable, my child(ren).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Player Name (Print) | Address | City & Zip | Last Team Played | Signature | Birthdate |
| 1 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 2 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 3 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 4 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 5 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 6 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 7 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 8 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 9 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 10 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 11 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 12 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 13 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 14 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 15 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |
| 16 | First Name Last Name | Enter Address | Enter Zip | Enter Team |  | DOB. |

**Please complete the following:**

Manager Name: First Name Last Name

Phone # Day: Day Phone Number Evening: Evening Phone Number Team/Sponsor Fee: $450.00

Address: Enter Address Player Fee: # players @ $8.00 $$$$$$

Level of Team (Men’s A, Coed C, etc.): Click to enter text. Late Fee @ $30: $$$$$$

Night preferred: 1st Click to enter text. 2nd Click to enter text. Total : $$$$$$

Night CANNOT play: Click to enter text.

WE COMMUNICATE TO THE MANGERS THROUGH COMMUNITY PASS.