



City of San Ramon Parks & Community Services Department – Sports & Aquatics Division
ADULT SOFTBALL WAIVER & PLAYER ATHLETIC CONTRACT

TEAM NAME: _____ LEAGUE: _____
 MANAGER'S NAME: _____ PHONE: (H) _____ (C/W) _____
 ADDRESS: _____ CITY: _____ ZIP: _____

Player Waiver, Release of Liability and Indemnification Agreement

Please read carefully and sign below:

I agree to adhere to the rules and regulations of the City of San Ramon Parks and Community Services Department Adult Sports Leagues and abide by the Player Code of Conduct.

I, the undersigned, understand that there is an inherent risk of injury in programs that I may participate in and in further consideration of participation in the City of San Ramon Parks and Community Services Department Adult Sports Leagues, agree that I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assignees:

To defend, indemnify and hold harmless the City of San Ramon, its officers, employees, affiliates, or agents, the Amateur Softball Association, its officers, employees, or agents, from and against any and all claims, liabilities, losses, damages, costs or expenses, and release the City, its employees, elected officials, volunteers, and agents and the Amateur Softball Association, its employees, elected officials, volunteers, and agents from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is the result of gross negligence and/or wanton misconduct of persons or entities listed above, arising from, or in any way connected with my participation.

I understand that my signature is a legal and binding signature and will be considered original if received by electronic means.

I have read, understand and voluntarily sign this agreement, and further agree that no oral representations, statements, or inducements apart from the above written agreement have been made.

MANAGER'S SIGNATURE _____ **DATE** _____

READ AND COMPLETE THE PLAYER WAIVER

	FIRST & LAST NAME	PLAYER SIGNATURE	ADDRESS	CITY	ZIP	PHONE
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ALL PLAYERS MUST AGREE TO AND SIGN WAIVER TO BE ELIGIBLE TO PARTICIPATE IN THE ADULT SOFTBALL PROGRAM.