

San Diego Softball PLAYER ADD FORM

Form must be filled out completely, initialed and dated

	ADD	DELETE	
TEAM NAME:			
	Please check all tha	t apply to your team	
Mens 3 Pitch Mens Slow Pitch	Coed 3 Pitch Coed Slow Pitch _ 	Sunday Monday Tuesday Wednesday Thursday	PB Recreation Center Mission Bay Youth Field Serra Mesa Rec Center Cabrillo Rec Center
	PLAYER INI	FORMATION	
NAME:			
ADDRESS:			
CITY/STATE/ZIP:			
PHONE:		EMAIL:	
will, I elect to participate as a player in participating in softball including, but it participants in addition to the acts of participants in addition to the acts of palding, diving and collisions with other players. Further, I agree that in consideral players on the field arranged for by the learn or suffered by me while practicing or participation or participation. Further, I acknowledge the contagious by joining the league and that such expenses.	In the SAN DIEGO SOFTBALL LEA not limited to those hazards associ- bitching, throwing, fielding and cator r players and with stationary object leration for right to play as a member ague, I voluntarily elect or accept playing as a member of the team so and while on or upon the premise of a nature of COVID-19 and voluntary resoure or infection may result in pected by COVID-19 may result fro	GUE. I understand that ther ated with weather conditions thing of the ball, the swinging its, all of which can cause seper of the team designated a and solely assume all risk of designated, while serving frany and all of the fields arrily assume the risk that I matersonal injury, illness, permain the actions, omissions, or	erstand that voluntarily and of my own free re are certain risks and hazards involved in s, playing conditions, equipment and other g of the bat, running, jumping, stretching, erious injury or death to me and to other above and in consideration for permission to f damages, injury, including death, incurred in a non-playing capacity as a team memanged for by the league for practice or play. By be exposed to or infected by COVID-19 anent disability, and death. I understand that regligence of myself and others, including,
team or SAN DIEGO SOFTBALL LEASAN DIEGO, its officers, agents, or its result of injuries or damages sustaine or wrongful conduct of these parties h from any claims, damages, costs incluthrough me or on my behalf even if th	GUE, or its owners, officers, umpiles employees for any claim, damaged or incurred by me from whatever ereby released. I further agree that ding attorney fees, and cause of a damages, injuries or death are cause READ AND THAT I UNDERSTA	res, agents, servants, assoces, cost or cause of action we cause including, but not lim t I shall hold harmless and faction which may arise from aused in whole or in part by TAND EACH AND EVERY C	e of fields on which softball is played by my ciations, employees, or the THE CITY OF which I have or may in the future have as a nited to the negligence, breach of contract ully indemnify the parties hereby released any claim or cause of action made by me, any of the parties or entities hereby report of the parties or entities hereby report of the parties of the provisions in this effective that the provision of the parties of the provision of the parties of the provision of the parties of the provision of the
SIGNATUE:		DA	TE: