

## San Diego Softball PLAYER ADD FORM

Form must be filled out completely, initialed and dated

	ADD	DELETE	
TEAM NAME:			
Please check all that apply to your team			
Mens 3 PitchMens Slow Pitch		Sunday Monday Tuesday Wednesday Thursday	PB Recreation Center Mission Bay Youth Field Serra Mesa Rec Center Cabrillo Rec Center
	PLAYER INF	ORMATION	
NAME:			
ADDRESS:			
CITY/STATE/ZIP:			
PHONE:		EMAIL:	
will, I elect to participate as a player in participating in softball including, but participants in addition to the acts of psliding, diving and collisions with other players. Further, I agree that in consideration on the field arranged for by the lead or suffered by me while practicing or poer or by other players on my team, a Further, I acknowledge the contagious by joining the league and that such expenses.	In the SAN DIEGO SOFTBALL LEA not limited to those hazards associa bitching, throwing, fielding and catcur players and with stationary object deration for right to play as a member ague, I voluntarily elect or accept a playing as a member of the team so and while on or upon the premise of a nature of COVID-19 and voluntary exposure or infection may result in prefected by COVID-19 may result from	GUE. I understand that ther ated with weather conditions hing of the ball, the swinging is, all of which can cause seer of the team designated a and solely assume all risk of designated, while serving any 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 a negligence of myself and others, including,
team or SAN DIEGO SOFTBALL LEASAN DIEGO, its officers, agents, or it result of injuries or damages sustained or wrongful conduct of these parties from any claims, damages, costs inclutionally me or on my behalf even if the	AGUE, or its owners, officers, umpires employees for any claim, damaged or incurred by me from whatever the reby released. I further agree that uding attorney fees, and cause of a damages, injuries or death are cause READ AND THAT I UNDERST	res, agents, servants, assoces, cost or cause of action we cause including, but not limit I shall hold harmless and friction which may arise from aused in whole or in part by TAND EACH AND EVERY O	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 fully 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 ABOVE PROVISIONS IN THIS EBY THEM. (All Players Sign below)
SIGNATURE:		DA	TE: