



**Outlaws Girls Fast Pitch Softball
Waiver and Release of all Claims
Permission to Secure Treatment**

Player Information

Last Name _____ First Name _____ DOB _____

Address/City/Zip _____

Parent/Guardian Information

Last Name _____ First Name _____

Address/City/Zip _____

Home Phone _____ Cell Phone _____ Email _____

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program, and I agree to assume the full risk of any injuries, damages, or loss, regardless of severity, which my child/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have as a result of my child's/ward's participation in the Outlaws Program and against the Outlaws, its officers, agents, servants, and employees.

I do hereby fully release and discharge the Outlaws and its officers, agents, servants, and employees from any and all claims against injuries, damage, loss which may arise out of, connected with, or in any way associated with my child's/ward's participation in the Outlaws Program.

I further agree to indemnify and hold harmless and defend the Outlaws and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by my child/ward arising out of, connected with, or in any way associated with the activities of the Outlaws Program.

In the event of any emergency, I authorize the Outlaws Program or Outlaws Officials to secure from any licensed hospital, physician, and/or other medical personnel, any treatment deemed necessary for my child's/ward's immediate care. I agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Outlaws Program details, waiver, release of all claims, and permission to secure treatment.

Signature of Parent/Guardian _____ Date _____