

FALLSINGTON SOFTBALL LEAGUE

HOLD HARMLESS WAIVER

(ADULT)

Date _____

I, _____, wish to participate in the Fallsington Softball League.

I am aware of potential for injury or harm, to other, and myself as a result of my participation in this organization/program.

By signing this waiver, I hereby release, absolve and hold harmless Fallsington Softball League and its agents, employees, heirs, contractors and sub contractors, successors and/or assigns, now forever into perpetuity from any liability for and harm condition or injury or any kind, suffered as a result and/or as a spectator in the above designated organization/program.

Further, by signing this waiver, I acknowledge, promise and insure that I will assume full and complete responsibility for damage to any property, real or personal of any kind, type or nature suffered as an active participant and/or as a spectator, in the above-designated organization/program.

By signing this waiver, I am agreeing to assume full and complete responsibility for all medical payments of any kind associated, directly or indirectly with my participation in this program/organization. This waiver shall be applicable for every year in which I participate in this league in any way either as an active participant or a spectator from the date of execution of this waiver into perpetuity. I have read the document completely, I understand its content and their significance, and I am freely and willingly signing this agreement.

Signed _____

Witness: _____

Date: _____