

2022 Spring ADULT SOFTBALL LEAGUE

Waiver, Release, and Assumption of Risk

Each player must read the following player's contract and sign his/her signature prior to participation in any Dublin Adult Sports League. Individuals who have not signed this form will not be eligible to participate in Dublin Adult Sport Leagues.

This waiver covers participation in any and all Dublin Adult Sport Leagues between April 12 AND June 23 At the time of execution of this player's contract, Dublin Adult Sport Leagues consist of Adult Softball.

WAIVER AND RELEASE: I specifically acknowledge City recreation programs may include physical activity that can result in injury to participants, and I agree that should I engage in such activity that I do so voluntarily and at my own risk and assume full responsibility for my participation. In consideration of participation and use of City of Dublin's facilities, premises, equipment and transportation services, the undersigned hereby agrees to RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE CITY OF DUBLIN, its officers, volunteers, employees, and agents (collectively, "the City") for any loss or damage, and any claim or demands therefore on account of bodily injury or resulting in the death of the undersigned, arising directly or indirectly from participation in Dublin Adult Sports Leagues, whether caused by the negligence of the City or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment therein or, arising out of, or in the course of any transportation provided by the City. In addition, the undersigned hereby agrees to indemnify and save and hold harmless, and defend at its own expense, the City from any loss, liability, damage or cost, including reasonable attorney's fee, the City may incur due to the presence of the undersigned, in, upon, or about the City premises or in any use of facilities or equipment of the City whether caused by the negligence of the City or otherwise. If this agreement is signed on behalf of a minor by a parent or guardian, the phrases "I" and "the undersigned" in the previous paragraph refer to the child and not to the parent or guardian signing on the child's behalf. In the case of an injury to my minor child, I authorize the City staff to administer minor first aid. In the event that I cannot be contacted, and it is necessary to administer further medical treatment, I will take full responsibility for any medical expenses.

PLAYER RESPONSIBILITY FOR PURCHASING INSURANCE. That I am fully aware that the City of Dublin carries no medical insurance for any participant and that I am solely responsible for securing my own insurance.

FAMILIARITY WITH THE RULES. My manager has advised me of the Adult Sport Leagues rules and regulations issued by the City of Dublin and has advised me of the contents thereof and/or made it available to me at my request. I understand that any forgery of my address or signature on this form or illegal substitution of another player in my place during a game could result in me, my team and the manager of my team being eliminated from a league.

ASSUMPTION OF RISK. That I assume all risks involved in my participation in the Adult Sport Leagues and that the above release includes, but is not limited to, a release (1) for maintenance or condition of the playing field; (2) for condition of appurtenances thereto, for example but not limited to bases, mounds, bat rack and benches; and (3) for equipment supplied by the City of Dublin.

SPORTS SKILLS. That I am familiar with the skills required to participate in the Adult Sport Leagues offered by the City of Dublin and that I am proficient in these skills and that the above stated release includes, but is not limited to, a release for failure of the City of Dublin to provide classes for technical instruction. I recognize the strenuous aspect of these sports. I hereby attest that I am physically capable of participating in these activities.

AGE. I am not a current high school student and I am at least eighteen (18) years old prior to beginning participation in the Adult Sports Leagues.

I, (print name) _____ By affixing my signature to this form, I have read, understand and agree with the statements set forth in the preceding paragraphs and voluntarily agree to this release, waiver of liability and indemnity agreement.

Players Signature: _____

City of Residence: _____

2801450.1

Date: _____

Team Name: _____