

Lincoln Hills Senior Softball League

GENERAL RELEASE

This is a release of liability. Please read carefully before signing the release.

SINCE SOFTBALL CAN BE DANGEROUS, THE LINCOLN HILLS SENIOR SOFTBALL LEAGUE (LHSSL) AND THE SUN CITY LINCOLN HILLS COMMUNITY ASSOCIATION (CAM), REQUIRE ALL PARTICIPANTS TO ASSUME ALL RISKS BY SIGNING THIS GENERAL RELEASE FORM.

For and in consideration of being permitted to participate in LHSSL team activities, I hereby voluntarily release, discharge, waive and relinquish any and all claims or actions for damages, personal injury, death, or property damage which I may have, or which may hereafter occur to me as a result of my participation in senior softball activities during play and while I am at facilities while others play or for any other reason. This release is intended to discharge, in advance, the LHSSL, and the CAM, its officers, members and employees.

I further understand that serious accidents occasionally occur during softball activities and that participants occasionally sustain serious personal injuries, death, or property damage as a consequence thereof. **I understand that the league does not provide medical insurance.** Knowing the risks, I have voluntarily applied to participate in the activity and hereby agree to assume those risks and to release the LHSSL, and the CAM, its officers, members and employees who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

I further understand and agree that this release, discharge, waiver and assumption of risk are to be binding on my heirs, executors, administrators, and assigns.

I further agree to indemnify and to hold harmless the LHSSL, and the CAM, its officers, members and employees from any loss, liability, damage, cost or expense that I may sustain while participating in the activity.

I further agree to abide by the Bylaws and the Rules and Regulations of the Lincoln Hills Senior Softball League.

I have read this General Release and understand that I give up substantial rights by signing it and sign it voluntarily.

Name of Participant (Print): _____

Signature of Participant: _____

Date: _____

Address: _____

City: Lincoln Zip: 95648

Phone No. _____