

**BIG RAPIDS MENS SOFTBALL ASSOCIATION
ACCIDENT WAIVER AND RELEASE OF LIABILITY**

BY AFFIXING MY SIGNATURE TO THE PLAYERS' CONTRACT/ROSTER, I HAVE READ, UNDERSTOOD, ACKNOWLEDGE AND AGREE TO ABIDE BY WITH EACH AND EVERY ONE OF THE BELOW PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT.

I the undersigned player, acknowledge, agree and understand that: 1) voluntarily and of my own free will, I elect to participate as a member of the softball team and The Big Rapids Men's Softball Association indicated below. 2) I acknowledge that this recreational activity may be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. I certify that I am physically fit and have not been advised otherwise by a qualified medical person. I understand that there are certain risks and hazard involved in participating in softball including but not limited to those hazards associated with weather, water, terrain and playing conditions, facilities, equipment, vehicular traffic, lack of hydration and actions of other people but not limited to, participants, volunteers, spectators, coaches, officials, board members and other participants, in addition to the acts of pitching, throwing, fielding and catching of the ball, swinging the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects. All of which can cause serious injury or death to other players and myself. Further, I agree that in consideration for the right to play on the fields arranged for/by the league: 1) voluntarily elect or accept and solely assume all risks and damages, injury, including death, incurred suffered by me. (a) While practicing or playing in the league designed. (b) While serving in a non-playing capacity as a team member or observer during practice or play by other teams or by players on my team, and (c) while upon the premises of any and all of the fields arranged for/by the league for practice of play. (d) I hereby consent to receive and assume responsibility for all costs related to any medical treatment, which may be deemed advisable in the event of injury, accident, death, and/or illness during these activities (2) I release, discharge and agree not to sue the team and/or Big Rapids Men's Softball Association or lessee of fields, officers, or any person or entity connected with the league on which softball is played or practiced by my team for any claim, damages, costs or cause of action which I have or may not have in the future as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract, wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and full indemnify the parties hereby released from any claims, damages, costs, including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if damages, injuries or death are caused in whole or part by any of the parties or entities hereby released.

To participate in the Big Rapids Men's Softball Association activities, I hereby take action for myself, me executors, administrators, heirs, next of kin, successors and assigns follows: (A) Waive, Release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event. **THE FOLLOWING ENTITIES OR PERSONS: Big Rapids Men's Softball Association, City of Big Rapids, ASA and their directors, officers, employees, representatives and agents, the event holders, event sponsors, directors and volunteers; (B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by the other individuals or entities as a result of any of my actions during these events. This release and hold harmless includes death, injury or damage to property caused or alleged to be caused in whole or in part by the negligence of the Big Rapids Men's Softball Association, City of Big Rapids, ASA or its employees or agents or otherwise.**

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the Big Rapids Men's Softball Association, the City of Big Rapids, ASA and the event holders, sponsors, board members and organizers, in which I may participate and that it will govern my actions and responsibilities at the said participation of their events and activities. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I understand that during my participation in the Big Rapids Men's Softball Association activities or events. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

MANAGERS/COACHES: As the team coach/manager, I verify the players have had the opportunity to read this document, signed in their own hand writing and they are eligible to play and agree to be bound by the rules and regulations of the Big Rapids Men's Softball Association but not limited to ASA rules, codes and procedures. I hereby acknowledge that the following information is correct and that I am responsible for submitting this information to BRMSA before our 1st game of play.

TEAM NAME: _____ BRMSA DIVISION (Men's or Coed): _____ LEVEL OF PLAY: _____ SEASON/YEAR: _____

COACH NAME: _____ ADDRESS: _____ PHONE #: _____

MANAGERS SIGNATURE: _____ DATE: _____