PLAYER WAIVER FORM 2023

DATE:_____ TEAM NAME:_____MANAGER:_____

1. It is agreed and understood that Island Slowpitch, its employees, members and officials, as well as United States Specialty Sports Association, Inc., USSSA LLC and their affiliated entities, officers, directors, servants and employees, will not be held liable for any bodily injury sustained by any participant named on this form while participating in the activities of the Island Slowpitch Softball League. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of a USSSA official immediately; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Island Slowpitch, its members and officials, and the United States Specialty Sports Association, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I understand that personal injury and liability insurance is not included in any fees paid by a team or player to Island Slowpitch Softball. It is strongly advised that all Island Slowpitch participants carry their own comprehensive medical insurance coverage. Island Slowpitch does not carry personal injury or liability insurance for participants.
5. Island Slowpitch is not responsible for money exchanged between players and coaches, and games missed by a participant, for any reason, are not subject to a pro-rate or refund.
6. I automatically grant Island Slowpitch the irrevocable right to use my picture or likeness in all forms and manners for advertising, trade, league communications and any other
lawful purpose. Participants also waive their right to inspect or approve the finished product, including written copy which may be created in connection with the photograph.
7. This agreement covers all Island Slowpitch Softball events and related activities. I have read this release of liability and assumption of risk agreement, fully understand its terms,
understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

PLAYER NAME	DATE OF BIRTH	EMAIL ADDRESS	SIGNATURE