CITY OF SAN LUIS OBISPO PARKS AND RECREATION DEPARTMENT
SOFTBALL
WAIVER AND RELEASE OF LIABILITY

DATE: _____ TEAM NAME: _____ MANAGER: _____

In consideration of participating in the San Luis Obispo Parks and Recreation Softball League, I hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in said program. This release is intended to discharge in advance the City of San Luis Obispo, Southern California Municipal Athletic Federation, County of San Luis Obispo, the Parks and Recreation Commission and any involved other public entities (and respective agents and employees), from and against any and all liability arising out of or connected in any way with my participation in said program, even through that liability may arise out of sole active negligence or sole willful misconduct on the part of the person or entities maintained above.

I further understand that serious accidents occasionally occur during softball games; and that participants in said sport occasionally sustain serious personal injures, and/or property damage, as a consequence thereof. Knowing the risk of softball, nevertheless, I hereby agree to those risks and to release and hold harmless all persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

It is further understood that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I agree to accept and abide by the rules and regulations of the San Luis Obispo Parks and Recreation Department, and Southern California Municipal Athletic Federation.

A non-resident fee must be paid by any participant NOT residing within the City limits of San Luis Obispo. Fee (paid annually) is due upon presentation of the roster to the Parks and Recreation Department

NAME	HOME ADDRESS	CITY, STATE, ZIP	EMAIL	PHONE	SHIRT SIZE	AGE	SIGNATURE

ROSTER MUST CONTAIN TEN (10) SIGNATURES UPON PRESENTATION TO BECOME A REGISTERED TEAM.

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Continued...

DATE: _____ TEAM NAME: _____ MANAGER: _____

NAME	HOME ADDRESS	CITY, STATE, ZIP	EMAIL	PHONE	SHIRT SIZE	AGE	SIGNATURE