



P.O. Box 386
East Liverpool, Ohio 43920
(330) 932-0490
www.eastliverpoolsgottalent.com

**East Liverpool's Got Talent
Co-ed & Women's Softball
Tournaments – April 2-3 & 9-10
Player Waiver and
Release of Liability Agreement
\$125 Per Team
(PLEASE PRINT CLEARLY)**

For more information, please contact Debbie Jones at 330-397-2931.

Team Name: _____

Manager/Coach Name (please print): _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: (cell) _____ (work) _____ (home) _____

- This form may be submitted the day of the Tournament before your team's first scheduled game.
- All players must sign page 2 of this Agreement in order to be eligible to play in the East Liverpool's Got Talent Co-ed (April 2-3, 2016) and/or the Women's Softball Tournament (April 9-10, 2016).
- If under the age of 18, a parent or guardian must sign below and include relationship to the player and the player's birthdate.

The following MUST be read and signed (on page 2) by every player:

I, the undersigned player, acknowledge, agree and understand that:

1. I, voluntarily and of my own free will, elect to participate as a member of the softball team indicated above.
2. I understand there are certain risks and hazards involved in playing softball that may result in injury or death to me or to other players including, but not limited to hazards associated with weather conditions, playing conditions, equipment, and other participants.
3. I understand the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, sliding, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

I, the undersigned player, agree that in consideration for the right to play as a member of the softball team designated above and in consideration for permission to play in the East Liverpool's Got Talent Coed Softball Tournament,

1. I voluntarily accept and assume all risks of injury incurred or suffered by me while practicing or playing as a member of the team so designated, while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and while on or upon the premises of any and all the fields arranged for practice or play.
2. I release, discharge, hold harmless, and agree not to sue Thompson Park, the City of East Liverpool, their employees, East Liverpool's Got Talent or any of the East Liverpool's Got Talent Tournament Committee Members or tournament volunteers, for any claim, damages, costs or cause of action which I have or may in the future have

as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

ATTENTION!

Each player must read the **Player Waiver and Release of Liability Agreement** on the first page (page 1) of this form before signing below, in order to be eligible to play in the East Liverpool’s Got Talent Coed Softball Tournament. If under the age of 18, a parent or guardian must sign below and include relationship to the player and the player’s birthdate.

- By signing below you acknowledge that you have read and understand each of the provisions in the Player Waiver and Release of Liability Agreement, and agree to the terms outlined in said Agreement. You also attest that you are physically fit and sufficiently prepared to compete in the East Liverpool’s Got Talent Coed Softball Tournament.

Player Name (please print!)	Address	Email	Player Birthdate (If Under 18)	Player/Parent Signature	Relationship to Player (self, mother, father)

For more information, please contact Debbie Jones at 330-397-2931.