



SANTA MONICA  
ADULT SOFTBALL LEAGUES



**PLAYER RELEASE OF LIABILITY AND REGISTRATION FORM**

**TEAM NAME** \_\_\_\_\_ **TEAM MGR NAME** \_\_\_\_\_

Player Full Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Alternate Phone (     ) \_\_\_\_\_

**If you are not a Santa Monica resident, but work in Santa Monica, please complete the following:**

Employer Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

***Updated contact information is to be provided to the Community Sports Office within 30 days of any changes.***

**WAIVER, RELEASE AND ASSUMPTION OF RISK:** In consideration of my participation in the Santa Monica Adult Softball Leagues, I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which may occur as a result of my participation in the softball league or any activity incident thereto. This release discharges in advance the City of Santa Monica, its officers, agents, servants, and employees, game officials and referees (hereinafter referred to collectively as "CITY") from liability even though that liability may arise out of the CITY'S active or passive negligence or carelessness. I acknowledge that some recreational activities, including softball, involve an element of risk or danger of accidents, injury and even death, and knowing those risks, I freely and voluntarily assume the risk of injury and/or death and I promise not to sue or exercise any legal right to seek damages from CITY. By this Agreement, I also intend to waive, release and discharge all claims for personal injury, death or property damage caused by the condition of the softball field, lights or any equipment thereon including bases, balls, bats, mitts, helmets, fences.

I understand that this WAIVER, RELEASE and ASSUMPTION OF RISK form will remain on file with the CITY and that it will apply to the current season as well as my participation in future seasons in the Adult Softball Leagues.

I certify that I have no medical condition that would cause participation in the softball leagues to increase the risk of hazard to my health. In addition, I authorize the CITY to provide or cause to be provided such medical treatment that may be necessary or appropriate if I am injured while participating in the softball league.

I hereby consent to the photographing, recording or reproduction in any other manner (including the use of videotapes and audiotapes) of my voice and/or softball activities and further authorize CITY to make unlimited use of such reproductions, including but not limited to, broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation, now or in the future, for participant. I hereby release and hold harmless CITY from any claims that may result from the use of such reproductions.

I have read and understand the rules, guidelines and bylaws of the Santa Monica Adult Softball League and agree to abide by them. I understand that failure to abide by them may result in my expulsion from the game and or the League.

\_\_\_\_\_  
Player Printed Name

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

**STAFF USE ONLY**

Men's \_\_\_\_\_

Women's \_\_\_\_\_

Co-ed \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_