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### Waiver & Release of Claim Form – Minor

**\*Please read the following sections carefully and then sign\***

**\*If the registrant is a minor (under 18) a parent or guardian must sign\***

For and in consideration for any participation or use of the facilities or property of the Softball Central LLC (herein after “SC”), I hereby release, waive, discharge and assume any and all risks and liabilities associated with my participation, use or association with the SC and release and waive any and all rights and claims that I, my heirs, executors, successors or assigns, may now, or in the future, have against the SC.

This agreement applies to 1) personal injury (including death) from accidents or illnesses arising directly or indirectly from participation in activities directed, suggested or planned by SC including, but not limited to, organized activities, classes, instruction, observation, related activities in a non-supervised setting, and use of facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

I further agree to indemnify and hold harmless and defend the SC, its agents, employees, directors, officers and affiliates, from any claims resulting from the injuries, damages, illnesses and losses sustained by me or caused by me arising out of the association, connection with or in any way with my participation in any fitness and conditioning activities conducted at SC.

I further state that I am in proper physical and mental condition to participate in the SC related activities. Injuries may result in the participation in the SC or its related activities, such as, but not limited to, broken bones, torn ligaments, pulled muscles, bruises, etc. I am willing and voluntarily assume all risks in my use of the facilities and all equipment within SC and this general release of any liability is expressly executed and delivered by me to SC for the express purpose of enabling me to be permitted access and use of all the facilities.

I agree to the terms of this waiver and release of claim on behalf of the minor identified below and attest that I am at least eighteen (18) years of age and I am responsible for this minor. In the event of my absence, I hereby grant SC and its representatives the permission to decide for and/or sign for preventative and/or emergency medical treatment of my child.

Athletes Name: \_\_\_\_\_ Team Name \_\_\_\_\_

Parent Name \_\_\_\_\_ Email address \_\_\_\_\_

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