

B.A.T.S. Player Registration and Waiver Form

A waiver must be filled out by ALL participants going on the field.

Please print clearly.

*First Name: _____ *M.I.: _____ *Last Name: _____

Type of Insurance: ASA____ USSSA____ Little League____ NSA____ IFA____ *Date_____

*DOB: ____/____/____ *Day Phone #: _____ Eve Phone #: _____

*Address: _____ *City/State/Zip: _____

*E-mail Address: _____

*Required information

RELEASE AND ASSUMPTION OF RISK

The undersigned acknowledges that I have voluntarily applied to participate in playing indoor softball/baseball or other related activities at the premises of B.A.T.S. California Breeze Softball Organization (Owner) located at 6484 Florin-Perkins Road Sacramento, California.

ASSUMPTION OF RISK: I AM AWARE THAT RECREATION AND SPORTING ACTIVITIES MAY BE DANGEROUS OR HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED; I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY OR DEATH OR DAMAGE TO PERSONAL PROPERTY.

In consideration for entering into a contract with Owner, I hereby agree that I voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to myself arising as a result of engaging in the recreation activities or any activities incidental thereto, wherever or however the same may occur and for whatever period such activities may continue, and I do for myself, my assignees, heirs, guardians, and legal representatives, hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for myself and for my estate, and agree that under no circumstances will I or my assignees, heirs, guardians, and legal representatives prosecute, present any claim for personal injury, property damage or wrongful death against. Owner or any of its officers, agents, servants or employees for any of such persons or otherwise.

IT IS MY INTENTION BY THIS AGREEMENT TO RELIEVE THE OWNER AND ITS AGENTS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

I have carefully read and fully understand all of the BATS Facility rules and regulations. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR FUTURE CLAIMS AND IS A CONTRACT BETWEEN MYSELF AND SIGN IT ON MY OWN FREE WILL.

First and Last Name (print legibly) _____

Signature _____ Date _____

If under 18 years of age this document needs to be read and signed by parent or guardian of minor.

BATS Facility Use Only

Input Date: ____/____/____

Inputted By: _____