

LOGAN TOWNSHIP ADULT COED SOFTBALL LEAGUE
PLAYER AUTHORIZATION & RELEASE - PLAY AT YOUR OWN RISK!
PLEASE PRINT – USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: _____ TEAM: _____

AGE: _____ Date Of Birth: _____

SEX: MALE: _____ FEMALE: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

Do you have any known allergies or medical conditions that need specific attention during the program?

Please be very specific: _____

In agreeing to participate in this activity, as a participant, I affirm that my general health is good and that I am not adversely affected by exercise and am capable of performing an activity of this nature. In consideration of participating in this activity, I do hereby assume all risk of any injury to myself and will indemnify and hold harmless from any and all liability, actions, causes, claims, and demands of every kind of nature whatsoever that I have or which arises of or in connection with my participation in this activity, the County of Salem and Oldmans Township. The league is informal and NOT associated with any township organization or Township Recreation Department; and therefore, none of Township Board, and all their officers, agents, employees, staff, volunteers, and successors. It is likewise assumed and agreed that the participants will wear proper clothing and protective equipment during the activity and that it is the responsibility of the participant to see these criteria are met. I also agree to allow transportation to the nearest physician or hospital for medical treatment and agree for immediate first aid if injured when deemed necessary. I also understand that County of Salem and Oldmans Township do not provide accident insurance for any of its participants. I am at least 18 years of age and fully competent. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed. No oral representation, statements or inducements, apart from the foregoing written agreement have been made.

Acceptance of Liability Release

1. I do hereby release and discharge the County of Salem and Oldmans Township, and Township Employees (herby referred to as Oldmans Twp.) from any and all claims or causes of action in law and equity arising from my activities listed above on this form and on their property.
2. I do also release and discharge all right of claims for contribution and indemnification against Oldmans Township by myself or such claims by any third parties in the event it becomes necessary to join Oldmans Township as an added defendant in action brought by myself as a result of any of the above-described occurrences.
3. I also agree to indemnify and hold harmless Oldmans Township from any and all actions, claims and damages that Oldmans Township would be obligated to third parties from actions arising out of my use of Oldmans Township property.
4. I do hereby release and discharge Oldmans Township, the County of Salem, and Township Employees (herby referred to as Oldmans Twp.) from any and all claims or causes of action in law and equity arising from my activities listed above on this form and on their property.
5. I do also release and discharge all right of claims for contribution and indemnification against Oldmans Township by myself or such claims by any third parties in the event it becomes necessary to join Oldmans Township as an added defendant in action brought by myself as a result of any of the above-described occurrences.
6. I also agree to indemnify and hold harmless Oldmans Township from any and all actions, claims and damages that Oldmans Township would be obligated to third parties from actions arising out of our use of Oldmans Township property.
7. I agree to comply with all ordinances, statues and regulations of all local, State and Federal authorities. It is further agreed that if the undersigned has any questions concerning township ordinances it is their responsibility to ask for copies of the ordinances that may be reviewed and terms and conditions may be met.

PARTICIPANT'S SIGNATURE: _____

DATE: _____