**Junior Ledgers Fastpitch Softball Association**

**Liability Waiver and Hold Harmless**

Please read this form carefully and be aware that by registering for and participating in this program(s), or by registering your minor child/ward for the participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain out of this program(s) and you will be required to indemnify, hold harmless, and defend the Junior Ledgers Fastpitch Softball Association for any claims arising out of the participation in said program(s).

**Risk of Injury**

“As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program.”

**Waiver of Injury Claims**

“I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program.”

**Release of Liability**

“I do hereby fully release and discharge the Junior Ledger Fastpitch Softball Association and its officers, agents, coaches, and assistants from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program.”

**Indemnity and Defense**

“I further agree to indemnify, hold harmless and defend the Junior Ledgers Fastpitch Softball Association and its officers, agents, coaches, and assistants from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.” In the event of an emergency, I authorize the Junior Ledgers Fastpitch Softball Association to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child’s immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read fully and understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

Date Participant Name

Parent/Guardian Signature Parent/Guardian Signature