

**Broadway Community Little League, Strike Zone
Accident Waiver And Release Of Liability Form**

I do hereby acknowledge that the use of this facility and the various activities associated with playing baseball and softball involve a test of a person's physical and mental limitations and carry with it the potential for each of the following: death, serious bodily injury, and property loss. These risks may be caused by or include those that are caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to the participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby certify that I am physically fit to participate in physical activity, have sufficiently prepared or trained for participation in this activity, and that no medical professional has advised me that I should refrain from participation in physical activities. I certify that to the best of my knowledge, there are no health-related reasons or problems which would otherwise preclude my participation in this activity.

I acknowledge and agree that this Accident Waiver and Release of Liability Form will be used by the Broadway Community Little League, its Board of Directors, Owners, Officers, Members, Representatives and Agents as evidence that I have been provided notice of the dangers associated with the activities that commonly take place in this facility and that I have chosen of my own free will to participate in physical activity therein.

I DO HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH PARTICIPATING IN ANY/ALL OF THE ACTIVITIES THAT COMMONLY TAKE PLACE WITHIN THIS FACILITY and in consideration of my application and the permission granted to me to utilize this facility and participate in activities therein, I do hereby assert that I, my executors, administrators, heirs, next of kin, successors, and assigns will adhere to the following:

A. I DO HEREBY AND FOREVER WAIVE, RELEASE, AND DISCHARGE the Broadway Community Little League and its Board of Directors, Officers, Employees, Volunteers, Members, Representatives and Agents from any and all liability, including but not limited to, any liability arising from the negligence or fault of such persons or entities and do hereby release them from any actions or omissions that may result in my death, disability, personal injuries, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this facility/activity. FURTHER, I DO HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Broadway Community Little League and its Board of Directors, Officers, Employees, Volunteers, Members, Representatives and Agents with regard to any and all liability and/or claims that could be made as a result of my use of this facility or my participation in any activities therein, whether caused by the negligence of such persons or entities or by others using such facility.

I acknowledge that the Broadway Community Little League and its Directors, Officers, Volunteers, Representatives, Members and Agents are NOT responsible for errors omissions, acts, or failures to act of any party or entity using this facility or any party conducting a specific activity on their behalf at this facility.

I hereby consent to receive any and all necessary medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during my use of this facility or while participating in this activity.

This Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT PRIOR TO SIGNING IT AND THAT I FULLY UNDERSTAND ITS CONTENT AND THE WAIVERS THAT I AM MAKING HEREIN. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.

PARTICIPANT'S SIGNATURE

PARTICIPANT'S NAME (PRINT)

AGE

PARENT/GUARDIAN SIGNATURE

DATE

(IF UNDER 18 YEARS OLD, PARENT/GUARDIAN MUST ALSO SIGN)