

**BARRHAVEN MENS SLOPITCH ASSOCIATION (BMSPA)
 WAIVER/RELEASE
 AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the **BARRHAVEN MENS SOFTBALL ASSOCIATION** athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Barrhaven Mens Softball Association their officers, officials, agents, other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of facilities (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

TEAM NAME: _____

ID	PARTICIPANT'S NAME (PRINT)	SIGNATURE	DATE
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**BARRHAVEN MENS SLOPITCH ASSOCIATION (BMSPA)
EMERGENCY CONTACT LIST**

All registered players in the BMSPA must provide at least 1 emergency contact in case an emergency situation occurs at the field.

TEAM NAME: _____

ID	PLAYERS NAME (PRINT)	PLAYERS HOME #	PLAYERS CELL #	CONTACT NAME (PRINT)	CONTACT #
1.					
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