

TOWN OF ONONDAGA PARKS & RECREATION

Adult Softball Waiver Form

TEAM NAME: _____

In consideration of being allowed to participate in any way in the Town of Onondaga Adult Softball Program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;
- 2) The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;
- 3) 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 all full responsibility for my participation;
- 4) I willingly agree to comply with the stated and customary terms and conditions for participation outlined in the "Return to Play Guidelines" for the Town of Onondaga Adult Softball program, made available to my team captain,_____. 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
- 5) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE TOWN OF ONONDAGA their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 6) I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE ACKNOWLEDGING THE CHECKBOX BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

By signing my name to the attached sheet, I acknowledging and agree to the conditions listed above on this document, and I agree to and verify the following:

- 1) I consent and agree to assume the risks of participation in these programs; and
- 2) that I specifically agree to the release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my involvement or participation in these programs EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 3) I also understand and allow pictures and other materials which may include images of myself to be taken and used by the Town of Onondaga for informational or promotional purposes.

TOWN OF ONONDAGA PARKS & RECREATION

4834 Velasko Road, Syracuse, New York 13215

Phone: 315-469-3464 Fax: 315-469-2816

Player Waiver Signature Sheet

TEAM NAME: _____

By signing my name to the this sheet, I acknowledging and agree to the conditions on the attached "Adult Softball Waiver Form"

	NAME	Signature
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