

SUN LAKES SENIOR SOFTBALL ASSOCIATION

2016/2017 PLAYER APPLICATION

Please print below or complete this form on the Organization Page of the
SLSSA website: <http://sunlakessoftball.com>

Full Name: _____ Today's Date: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone: Best # _____ Other # _____

I live in: Iron/Oaks _____ Sun Lakes _____ Non-resident (City) _____

Email address: _____ Spouse: _____

Birth Date _____

Please indicate your interests:

___ Men's Recreational Program (\$15)

___ Full Program: Men's Recreational & League Play (\$25)

___ Ladies Program (\$15)

___ Scorekeeping ___ Scoreboard Operator ___ Team Manager

___ Umpiring ___ Field Maintenance

**The Official Waiver & Release of Liability & Indemnification Agreement
on the reverse side must be signed prior to participating in any activities of
the Sun Lakes Senior Softball Association.**

FOR USE BY TREASURER:

Fees in the amount of \$ _____ were paid on _____ via check number _____

Registration Taken By _____

ALL MEMBERS MUST SIGN THE WAIVER ON BACK

**SUN LAKES SENIOR SOFTBALL ASSOCIATION
OFFICIAL WAIVER & RELEASE OF LIABILITY &
INDEMNIFICATION AGREEMENT**

I, the undersigned player, acknowledge, agree and understand that I voluntarily, and of my own free will, elect to participate as a member of the Sun Lakes Senior Softball Association (SLSSA). I understand that there are certain risks and hazards involved in participating in softball including, but not limited to, those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with others and with stationary objects, all of which can cause serious injury or death to me and/or to other players. Further, I agree that in consideration of the right to play as a member of the SLSSA, I voluntarily elect or accept and solely assume all risks of damages, injury, including death, incurred or suffered by me while practicing and playing; while serving in a non-playing capacity; and, while on or upon the SLSSA field and premises. In addition, I release, discharge, and agree not to sue the SLSSA, any of its officers, board members or general members, the IronOaks Home Owners Association, or any of its officers or board members, for any damages, claims, or costs, or institute any cause of action which I have, or may in the future have, as the result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to, the negligence, breach of contract, or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, and costs, including attorney fees. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

If I am a pitcher and elect not to wear a protective mask and shin guards, I waive any and all claims, individually, and on behalf of my heirs, and hold harmless the Sun Lakes Senior Softball Association and its officers, board members and general members and the IronOaks Homeowners Association and its officers and board members from and against any and all loss liability, charges and expenses, including attorney's fees, and causes of action of whatever character which may arise from injury that may have been reasonably prevented by my use of the mandated safety equipment during my participation in any and all SLSSA games, practices and events effective as of the date shown below.

FOR TUESDAY & THURSDAY LEAGUE PLAYERS: I also understand that as a member of the SLSSA, I have made a commitment to my manager and teammates to play in as many scheduled games as possible. To the best of my ability, I will also accept various assignments such as managing teams, umpiring, scorekeeping and membership on various committees, as requested by the Board of Directors.

PRINT NAME: _____

Signature: _____ **Date:** _____