HAYWARD SPORTS CENTER HOLD HARMLESS AGREEMENT

- The Liability Waiver applies to all events held at the Hayward Sports Center.
- Parent/Guardian's signature is required for all players under the age of 18

Team Name_____ Team Contact_____Phone #_____

One waiver form required per Team

Bu signing below I hereby,

_____ Agree that prior to participating, if present, I will inspect the facilities and equipment, & if I believe anything to be unsafe, will immediately advise my coach or supervisor of such conditions.

Understand that each player is voluntarily participating in activities that involve risk of injury (including catastrophic injury, or death) which might result not only from their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, the conditions of the premises, or any of the equipment used This includes any risks not reasonably foreseeable to the HSC.

To assume all the foregoing risks as a condition of participation and accept personal responsibility for the damages following any such injury.

I further agree to indemnify, save and hold harmless the Hayward Sports Center Inc. (HSC), officers, directors, administrators, agents, coaches, staff, and volunteers of the HSC, sponsoring agencies, sponsors, advertisers, Wisconsin Amateur Softball Association, Northwest Little League, The State of Wisconsin, The City or Town of Hayward & the Hayward Softball league, Hayward Community Schools, for any and all liability to the undersigned, their heirs & next of kin. This is for any claim or loss due to injury, including permanent disability, paralysis and death. Also to include, damage or loss of property, while participating in any & all of the HSC's official or unofficial activities, events or competitions. Not withstanding anything to the contrary, if I am successful in any suit, action, or proceedings against them for any injury, loss of life, damages, loss, cost of expense (including punitive damages) the award (including court costs) shall be limited to the amount of fee paid by me to the Hayward Sports Center.

Accept the responsibility for the coach's and/or player's decision to continue participation if suffering from illness or injuries.

Permission to Administer Medical Care

By signing this form, you have accepted responsibility for all medical expenses incurred whether or not you are covered by insurance.

As the player or parent/guardian of the participant named, I request the named player be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the head coach, on-site volunteer and/or medical/first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the player to the hospital. I request and authorize physicians, athletic trainers, technicians, first aid personal, nurses and dentists to perform any diagnostic, treatment, or operative procedures and x-rays for the named player. I have been given no guarantee as to the results of examination or treatment. I accept total responsibility for any and all medical cost of the named player.

I have read and understand the above release and grant my permission to administer medical care.

Parent / Guardian must sign for any player 18 or younger. **DOB = Date of Birth**

Participant Name (print)_____Participant Signature_____Date_____DOB_____
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