McCall City League Adult Softball 2010

Team Name_____ Captain's Name_____

Address_____ Email_____

City_____State_____Zip_____Phone(H)_____(W)_____

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMINIFICATION AGREEMENT
the under signed player, acknowledge, agree and understand that:
I do assume all risks and hazards incidental, including death or permanent disability, to the conduct of the activity. I do further hereby release, absolve, indemnify and hold harmless the City of McCall, its officers, employees, representatives, agents, assigns and volunteers, from any and all injuries, damages or losses, of whatever kind, nature or amount, suffered by me or by such minor participant at any activity sponsored, in whole or in part, by the City of McCall to which this participant's registration form relates. I understand that the City of McCall provides no accident or medical insurance and that this is personal responsibility. I hereby give consent for emergency medical treatment. I understand this is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency.

PLEASE TYPE OR PRINT CLEARLY ALL PLAYERS INFORMATION

NAME	PHONE	AGE	PLAYER SIGNATURE

FEE: Adult Softball Team $275 + 16.50 tax = $291.50 [ ]
Please make checks payable to City of McCall and for more information contact Kurt Wolf.
e-mail: kwolf@mccall.id.us - **Office:** 208-634-3006 - **Cell**: 208-315-0063