

Colorado Aftershock Waiver 2019/2020

Name of player_____

Name of parents_____

Address_____

City_____

State_____

Zip_____

Fast pitch softball is an exciting sport, which may involve collisions with other players, the ball or the ground. The sport is often played in the cold or hot, humid weather. Because of these conditions, which are part of the game, players are exposed to the risk of serious injury. Injuries could include, but are not limited to, broken bones, concussions, paralysis, damage to internal organs and even death. Such injuries can result in short term loss of function and/or long term impairment of physical abilities.

In an effort to make the game softball as safe as possible, the coaches of this team will teach the players the skills and rules of softball. Players must follow the coaches instruction, rules and policies to reduce the possibility of injury. I/we, the undersigned, have read the warnings above and understand that fast pitch softball is a physical sport and that there are risks involved in participation.

I/we further understand that there is a possibility that my/our daughter could be injured as a result of her participation. I/we understand that the Colorado Aftershock Fastpitch Softball Club carries team medical, team insurance to cover players who are members of the team on an "excess" basis only, and that my/our personal insurance will be utilized first.

I/we hereby, on behalf of my/our child and myself/us, my/our child's heirs, executors and administrators do waive, release and forever discharge any and all rights and claims for damages which I/we or my/our child may have or which may hereafter accrue me/us or my child against the Colorado Aftershock Fastpitch Softball Club and its respective officers, representatives, successors and coaches for any injury incurred during practice, games or supervised team travel to and from same; and by signing where designated below, acknowledge that I/we, as parent(s) or guardian(s), had/have received, read, fully understand and agree to all terms and conditions of this waiver. I/we give my/our permission for the above named girl to participate on the Colorado Aftershock Fastpitch Softball Club for the 2019-2020 season and I/we hereby certify that she is physically fit to take part in the softball program. I/we further authorize the coaching staff to use their best judgement to protect, assist and seek medical attention for the above named minor in the event of an accident or injury.

Parent/Guardian.

Date

Player

Date