## WOODLAND SENIOR SOFTBALL JACK SLAVEN LEAGUE REGISTRATION AND WAIVER OF LIABILITY FORM

To partcipate you must be fifty (50) years of age prior to the end of the 2026 calendar year and pay the \$100.00 registration fee BEFORE league play. Games are expected to begin on Tuesday March 3, 2026 and continue until Tuesday August 18, 2026. For more information see our web site - woodlandseniorsoftball.com All completed forms received with payment **BEFORE** Thursday January 1, 2026 cost will be \$50.00.

## Please return this completed form with your check to: WOODLAND SENIOR SOFTBALL P.O. BOX 8207 WOODLAND, CA. 95776

| PLEASE PRINT TO COMPLETE THIS FORM  |  |   |  |  |
|---|--|---|--|--|
| Player's Name   |  | Age   | DOB  |  |
| Address   | City   |   |  | _ZIP   |
| Contact Phone # ()Other # ()  |  |   |  |  |
| E-mail Address  |  |   |  |  |
| New to League YES / NO Paid Check or CashT  | eam # ()Co   | oach  |  |  |
| PLAYER ATHLETIC CONTRACT AND GENERAL RELEASE - ENCOURAGED TO READ CAREFULLY BEFORE SIGNING YOU SINCE SOFTBALL CAN BE DANGEROUS, WOODLAND SEN ASSUME ALL RISKS BY SIGNING THIS GENERAL RELEASE IN CONSIDERATION OF BEING PERMITTED BY WOODLAND ACTIVITY, I HEREBY WAIVE, RELEASE AND DISCHARGE A INJURY, DEATH, OR PROPERTY DAMAGE WHICH I MAY HARESULT OF MY PARTICIPATION IN SAID ACTIVITY. THIS READ ADVANCE WOODLAND SENIOR SOFTBALL (THEIR OFFI ACAINST ANY AND ALL LABBILITY ARISING OUT OF OR CO. | OUR NAME ON TH<br>IOR SOFTBALL RE<br>OF LIABILITY.<br>D SENIOR SOFTBA<br>NY AND ALL CLAIM<br>AVE OR WHICH MA<br>ELEASE IS INTENI<br>CERS, EMPLOYEE | E APPLICA<br>EQUIRES AI<br>ALL TO PAF<br>MS FOR DA<br>AY HEREAF<br>DED TO DIS<br>ES, AND AG | TION AND<br>LL PARTIC<br>RTICIPATE<br>MAGES FO<br>TER ACCI<br>CHARGE<br>ENTS) FR | ROSTER. IPANTS TO  IN THE ABOVE DR PERSONAL RUE AS A AND DISMISS OM AND          |
| AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CO<br>SAID ACTIVITY, EVEN THOUGH THAT LIABILITY MAY ARISI<br>PART OF WOODLAND SENIOR SOFTBALL (OR THEIR OFFI  | E OUT OF NEGLIG  | ENCE OR C   | CARELESS   |  |
| I UNDERSTAND THE ABOVE ACTIVITY MAY BE OF A HAZA STRENUOUS EXERCISE OR ACTIVITY, AND THAT PARTICI MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DATHE RISKS INVOLVED, NEVERTHELESS, I HAVE VOLUNTA AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF HARMLESS WOODLAND SENIOR SOFTBALL (THEIR OFFIC NEGLIGENCE, CARELESSNESS, OR ANY OTHER ACT OF COURTHER UNDERSTAND AND AGREE THAT THIS WAIVER BINDING ON MY HEIRS, EXECUTORS ADMINISTRATORS A  | PANTS IN THE AC<br>MAGES AS A CON<br>RILY APPLIED TO<br>IF INJURY OR DEA<br>ERS, EMPLOYEES<br>DMMISION MIGHT<br>, RELEASE AND AS                   | TIVITY OCC<br>ISEQUENCI<br>PARTICIPA<br>TH AND TC<br>S, OR AGEN<br>OTHERWIS                 | CASIONAL E THEREC TE IN SAII RELEASE ITS) WHO EE BE LIAB                         | LY SUSTAIN OF. KNOWING O ACTIVITY E AND HOLD THROUGH LE TO ME. I                 |
| I FURTHER AGREE TO INDEMNIFY AND HOLD WOODLAND AGENTS, AND TOURNAMENT DIRECTORS; THE CITY OF WAGENTS; SENIOR SOFTBALL USA, USSSA, ASA, SPA, SSW OR AGENTS; AND THE OWNERS AND MAINTAINERS OF THE COST, OR EXPENSE WHICH THEY MAY INCUR AS A RESU SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. I HAVE GENERAL RELEASE. I FULLY UNDERSTAND ITS CONTENT LIABILITY AND A CONTRACT BETWEEN ME AND WOODLA OWN FREE WILL.   | VOODLAND, THEIF<br>'S, ISA, ALONG WI<br>HE FACILITIES FRO<br>LT OF ANY INJUR'<br>E CAREFULLY REA'<br>'S. I AM AWARE TH                             | R OFFICERS TH THEIR ( DM ANY LO Y OR PROP ID THIS CO HAT THIS IS                            | S, EMPLOY<br>OFFICERS<br>SS, LIABIL<br>ERTY DAM<br>NTRACT, Y<br>S A RELEA        | YEES, AND<br>, EMPLOYEES,<br>LITY, DAMAGE,<br>MAGE I MAY<br>WAIVER, AND<br>SE OF |
| Player's Signature  |  |   | Date_  |  |
| LEAGUE SPONSORS PLEASE SUBMIT YOUR INFORMATION BELOW; SPONSORSHIP'S ARE \$250.00 AND INCLUDES ONE PLAYER'S PAID REGISTRATION.  Company Name  Contact Name Phone # ( ) E-mail/WEB Address  |  |   |  |  |
| Contact Name  Phone # ( ) E mail/MED Addre  |  |   |  |  |
| FIIONE#1 1 E-IIIAII/WED AUUI  | - Joo  |   |  |  |

LEAGUE SPONSORSHIP'S ARE WELCOMED, IF INTERESTED PLEASE CONTACT A BOARD MEMBER.