

2019 SPRING GIRLS SOFTBALL PROGRAM WAIVER OF LIABILITY – PLAY UP

I, _____ give my permission for my daughter
Parent's Name

_____ to move up from playing with the following age group:
Child's Name

8-9

9-10

11-12

and would like her to play with the following age group:

9-10

11-12

13-14

I accept full responsibility for this move.

In consideration for the foregoing, I for myself, my Executors, Administrators, and Assignees, do hereby release and discharge all Sponsors, Waterford Parks and Recreation Department, its employees and any individuals associated with the Spring Softball Program, for all claim or damages, demands, actions and whatsoever a in manner arising or growing out of my participation in said sport.

I hereby assume all responsibility for my child, and waive all claims for liability against the Waterford Parks and Recreation Department, the Waterford School District, Coaches, Umpires, or any other representatives connected in this league.

In the event of injury I give my permission and consent to authorize "First Aid and or Medical Treatment" as deemed necessary.

Parent's Signature _____

Print Parent's Name _____

Date _____