NEW YORK SENIOR SOFTBALL ASSOCIATION, INC
WAIVER, RELEASE OF LIABILITY AND
INDEMNIFICATION AGREEMENT
2027

This form must be completed and submitted with your application. All areas of the form must be completed accurately, legibly and signed as per your legal signature.
(No abbreviations or nick names)

PLEASE PRINT ALL INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____

ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

The undersigned manager, player, or coach understands that:

1 – I voluntarily, and of my own free will, elect to participate as a member of the softball team and league listed above.

2 – There are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.

3 – Sliding into a base is dangerous to me, to other players, and may result in serious injury or death.

4 – The very nature of the game of softball is hazardous and risky, including but not limited to the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and other stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I the undersigned person, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the fields arranged for/by the team or league:

1 – I voluntarily elect to accept and assume all risks of injury incurred or suffered by me

A – while practicing or playing as a member of the so designated.

B – while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team.

C – while on or upon the premises of any and all of the fields arranged for/by my team or league for practice or play.

2 – I release, discharge and agree not to sue the team and league designated above, the field owned of any other entity designated above, the Amateur Softball Association of America (ASA), or their owners, officers, agents, servants, associations, employees, or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

R3

I FURTHER UNDERSTAND THAT OTHER THAN LIABILITY INSURANCE PROVIDED BY THE LEAGUE FOR PROPERTY DAMAGE, NO ACCIDENT INSURANCE COVERAGE IS PROVIDED BY THE LEAGUE AND TOWNS WHEREIN THE PLAYING FACILITIES ARE LOCATED. FURTHER, I UNDERSTAND THAT AS A MEMBER OF NYSSA INC., I WILL NOT SIGN ONTO OR PLAY IN ANY OTHER SENIOR SOFTBALL LEAGUE THAT IS WITHIN NYSSA'S AREAS OF OPERATION, AS DEFINED IN THE CODE OF CONDUCT AND RULES.

I HEREBY DECLARE THAT I HAVE READ AND UNDERSTAND ALL OF THE PROVISIONS OF THIS PROGRAM INCLUDING, THE LEAGUE RULES, CODE OF CONDUCT AND THE DISCIPLINARY ACTION THAT MAY RESULT.

NYSSA MEMBER SIGNATURE : _____

DATE : _____