



Henrietta Recreation Department Adult Softball Leagues Liability Waiver

MUST BE RETURNED TO THE RECREATION OFFICE BY THE END OF THE FIRST WEEK OF THE SEASON

I, the undersigned, understand that the Henrietta Recreation Department's Adult Softball leagues are played on natural fields and although the Town regularly maintains its fields, it cannot guarantee their conditions. I understand that participation in this sport has a certain degree of inherent risk and the Town of Henrietta cannot accept responsibility for me nor does it provide accident insurance for program participants. I agree to hold the Town of Henrietta, its employees, and agents harmless for any accidents or incident occurring while I participate in this program.

Team Name _____ Night _____ Division _____
Manager's Signature (Manager is responsible to ensure all team members sign this waiver)

_____ (Print name) _____ (Signature) _____ (Date)

Players

	<u>Print name</u>	<u>Signature</u>	<u>Date</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____