CLASSIC TEAM SPORTS SENIOR SOFTBALL FALL LEAGUE

2018 FALL REGISTRATION FORM ● THURSDAY NIGHTS

The Fall League will **not** be utilizing online registration and the fee will be $75.00. This registration form and fee must be returned by 8/4/18. *Make checks payable to*: **Harford County Senior Softball** *and mail to*: **Mike Laird, 3058 Ebbtide Drive, Edgewood, MD 21040.** Games will be played at Harford Community College at 6:00 PM. The season will begin on August 23rd and finish on October 29th. Teams will be formed by using a player's position and their ability to play that position. Your safety will be considered in filling rosters and your seniority will also be considered. Teams will be limited to **15** players each.

If you need additional information, please contact Mike Laird at 410-322-7722, 410-679-9902 or mike@hcseniorsoftball.com.
Website: www.hcseniorsoftball.com

Participant's Name: _____ Gender: Male | Program: Harford County Senior Softball

Address: _____
street *city* *state* *zip*

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Date of Birth: _____ Age in 2018: _____ E-mail Address: _____

Any physical conditions / allergies / health concerns? _____

Special Requests: _____ **Jersey Size: SMALL – MEDIUM – LARGE – XL – XXL – XXXL – XXXXL**

You must list: #1 Position: _____; #2 Position: _____ that you wish to play.

PROGRAM USE ONLY:

Registration Fee: $_____ Total Amount Collected $_____ ☐ Check #_____ ☐ Cash_____

PARTICIPANT AGREEMENT AND RELEASE FORM

WAIVER: In consideration of the services of Harford Community College, their officers, agents, volunteers, participants, directors, employees, and all other persons or entities acting in any capacity on their behalf (hereafter collectively referenced as "HCC"), I hereby agree to release and discharge HCC, on behalf of myself, my spouse, my children, my heirs, assigns, personal representatives and estate as follows: I acknowledge that the program requested entails known and anticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I also acknowledge that there are risks to this activity that are also unforeseeable. Furthermore, I understand and acknowledge that HCC seeks safety, but they are not infallible. I expressly agree and promise to accept and assume all of these risks as well as unforeseeable risks that might occur when I and/or my child is participating in this activity. My participation in this activity and/or my child's participation in this activity is purely voluntary, and I elect to participate and/or have my child participate in spite of the risks, known and unknown, foreseeable and unforeseeable. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HCC from any and all claims, demands, or causes of action, which are in any way connected with my participation and/or my child's participation in this activity or my use and/or my child's use of HCC equipment, our own equipment, or HCC used facilities, including any such claims which allege negligent acts or omissions of HCC. Should HCC or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless them for all such fees and costs. I certify that I have adequate personal insurance to cover any injury or damage I sustain and/or my child may sustain while participating, or else I agree to bear the costs of such injury or damage to myself and/or my child. I further certify that I have no medical or physical conditions and/or my child has no medical or physical conditions that could interfere with participation in this activity, or else I am willing to assume, and bear the costs of all risks that may be created, directly or indirectly, by any condition. By signing this document, I acknowledge that if I or my child sustains an injury and/or property is damaged during my or my child's participation in this activity, I may be found by a court of law to have waived my right, my spouse's right and my child's right to maintain a lawsuit or claim against HCC because I have intended to release them by signing this document. I have had sufficient opportunity to read this entire document and I understand it. In consideration of my child being permitted by HCC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless from any and all claims which are brought by and/or on behalf of Minor, by any entity, and which are in any way connected with such use or participation by Minor in the HCC activities. I also agree to all the terms and conditions of this entire agreement on behalf of my minor child I further agree to be bound by its terms.

_____ _____
Participant Signature **Date**