

**Delta Softball Tournament of Heroes**

**Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This is a waiver and release-Read it Carefully before you sign it.**

In consideration of the acceptance of my application for entry into the DELTA SOFTBALL TOURNAMENT OF HEROES through this roster, I hereby waive, release and discharge any and all claims for damages, for death, personal injury or property damage which I may have, or which hereafter may accrue to me, against the Delta Veterans Group, Los Medanos College Veterans Club, or United States Volunteer's (Referred as the “Tournament Host" from here on out) as a result of my participation. This release is intended to discharge the “Tournament Host “, its officers, and or Volunteer's from and against any and all liability arising out of or connected in any way with my participation in the Delta Softball Tournament of Heroes even through that liability may arise out of carelessness or negligence on the part of the “Tournament Host “, or persons named above.

I further understand that accidents and injuries can arise out of my participation; knowing those risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons and agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I understand that no medical insurance is provided.

To all participants in the DELTA SOFTBALL TOURNAMENT OF HEROES by your signature you are verifying you have been notified of any and all risks and hazards, that you accept the risk and you agree to hold harmless the “Tournament Host “, it officers, agents, and Volunteer’s as described in this assumption of Risk form… **Each Player Must Sign!**

THIS IS A RELEASE. I HAVE READ THIS RELEASE CAREFULLY. I UNDERSTAND AND ASSUME THE RISK INVOLVED. BY SIGNING, I GIVE UP MY RIGHT TO SUE.

Manager

Last Name, First (Print): Signature:

Street: City: Zip:

Phone: Driver’s License No: Birth Date:

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