Liability Release and Emergency Medical Treatment Permission

Having been informed that _ **Please Print**
_____(participants full name), whose Date of Birth is _____, (hereafter the Player) and who is a player for the NWS Elite Fastpitch Softball Program of 2015 - 2016, in the age group of _____ organized by the group NWS Elite, Inc., the undersigned who is the player, and the parent(s) /legal guardian of the player (in the event the player is under 21 years of age) of the player, do hereby give my/our approval and consent for the player to participate in any and all activities, games, workouts, and practices.

I understand that there are certain risks and hazards involved in participating in softball activities including, but not limited to those hazards associated with playing conditions, equipment, 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 with stationary objects, all of which can cause serious injury or death to me and to other players. Further I voluntarily elect or accept and solely assume all risks of damages, injury, including death, incurred or suffered while practicing or playing in the softball training program.

The undersigned agrees **to release, absolve, indemnify, and hold harmless all officers and members of NWS Elite Inc.** its parent program or organization, and its agents, organizers, sponsors, coaches and managers (herein referred to as the Program).

I (we) or the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said event and hereby give our permission to provide emergency medical attention, take said participant to a doctor or hospital, and hereby authorize medical treatment, including but not limited to emergency surgery, and assume the responsibility of all medical bills, if any.

Player Name / Parents /Guardian Names (If player is under 21 years of age)

_____/_____

_____/_____

Address: _____/_____

Home / Work Phone Number(s)

_____/_____

Player Signature:

_____Dated : _____

Parent / Guardian Signature (if Player is under 21 years of age):

_____Dated : _____

24 S View Dr., Southwick, Ma. 01077
E Mail: info@nwselite.com
http://www.nwselite.com