

Virginia USSSA Slow Pitch

YOUTH WAIVER/RELEASE OF LIABILITY

NAME OF TEAM: _____

TEAM IS FROM: _____

USSSA TEAM REGISTRATION NUMBER: _____

TEAM CLASSIFICATION: _____

NAME OF YOUTH: _____

DATE OF BIRTH: _____ AGE: _____

PLEASE READ BEFORE SIGNING:

In consideration of being allowed to participate in any way in the Virginia USSSA Slow Pitch sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist and,
2. On behalf of my child/ward and for myself, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, arising out of, related to and resulting from participation in this program, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any risk of death or injury which is not inherent in the program that my child/ward is participating in, I will remove my child/ward from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and my child/ward on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS VIRGINIA USSSA SLOW PITCH and THE UNITED STATES SPECIALTY SPORTS ASSOCIATION**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, vendors, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I hereby certify that I, as parent or legal guardian for my child/ward, I have a legal responsibility for and the authority to sign this WAIVER/RELEASE on behalf of my child/ward. I further certify that I have read this WAIVER/RELEASE in full, understand the same, have signed it voluntarily and without any duress or coercion. I release and agree to indemnify the Releasees from any and all liabilities as to the participation or involvement of my child/ward in this program as stated above, **EVEN IF ARISING FROM THE RELEASEES NEGLIGENCE.**

By signing this waiver, the parent or legal guardian agrees to the above statements and verifies that the date of birth is correct. **WAIVER IS VALID FOR CURRENT SEASON STARTING JANUARY 1st AND ENDING DECEMBER 31st.**

PARENT/LEGAL GUARDIAN NAME (PRINT): _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____