

**SUBLETTE COUNTY SOFTBALL LEAGUE
OFFICIAL WAIVER, RELEASE OF LIABILITY
AND INDEMNIFICATION AGREEMENT**

I, _____(PRINT NAME), by my signature below, as player, acknowledge, agree, and understand that:

1. I am 17 years of age or older by June 1, 2009.
2. Voluntarily and of my own free will, I elect to participate as a member of a team within the Sublette County Softball League.
3. I understand that there are certain risks and hazards involved in participating in sports that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
4. I understand that the very nature of the game is hazardous and risky, including, but not limited to, the acts of throwing and catching the ball, 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, by my signature, agree that in consideration for the privilege to play as a member of a team within the Sublette County Softball League, and in consideration for permission to play on the fields arranged for or provided by the team or the Sublette County Softball League:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me:
 - A. While practicing or playing as a member of a team in the Sublette County Softball League;
 - B. While serving in a non-playing capacity as a team member during practice or play by other teams, or by other players on my team; and
 - C. While on or upon the premises of any and all of the fields arranged for, or provided by, the Sublette County Softball League.
2. I release, discharge, and agree not to sue the team, the Sublette County Softball League, the Town of Pinedale or other entity designated or their owners, officers, agents, servants, associations, employees, volunteers, umpires, or any person or entity connected with the team, league or field for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause, including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.

Further, I, by my signature, understand that the Sublette County Softball League neither endorses the consumption of alcohol nor prohibits it from the Pinedale Ball Fields, and that if I choose to consume alcohol at the Pinedale Ball Fields and am found to be irresponsible in my behaviors as a result of my consumption of alcohol, including, but not limited to, belligerence, under age drinking, littering, or other inappropriate activity, I may be asked to leave the premises for the remainder of the evening. In addition, I understand that teams are responsible for the behavior of all members of their team, and that if three incidences of inappropriate drinking occur by members of my team, my team is liable to be terminated from the League for the remainder of the year.

Date of Birth_____

Name (Printed)_____

Phone Number_____

Signature_____