Release of Liability, Indemnification Agreement & Team Roster for MoTown Throwdown Softball Tournament

Mosinee Youth Girls Softball (MYGS) requires all participating teams to complete this waiver prior to tournament participation. This form ensures player safety, verifies eligibility, and satisfies liability and insurance requirements.



- 1. I, the undersigned player, acknowledge, agree and understand that:
- 2. Voluntarily and of my own free will, I elect to participate as a member of the softball team and tournament indicated below.
- 3. I understand that there are certain risks and hazards involved in participating in softball 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 sliding into base is dangerous to me and to other players and may result in serious injury or death.
- 5. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the 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, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the fields arranged for by the team or Tournament Director:

- 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing in the tournament and as a member of the team so designated, (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 by my team or league for practice or play.
- 2. As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form I understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. I agree that my child must be removed from practice/play if a concussion is suspected.
- 3. I release, discharge and agree not to sue the tournament organizers, the City of Mosinee, the field owner or other entity designated below, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, tournament, or field owners 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 contractor wrongful conduct of the parties hereby released.

Player Waiver, Release of Liability & Indemnification Agreement for the following entities: Mosinee Youth Girls Softball, City of Mosinee School District, & Village of Kronenwetter

Team Information				
Team Name:		Div	Division (8u, 10u, 12u or 14u):	
Head Coach Name:		Assistant Coach Name:		
Head Coach Phone Number:			Assistant Coach Phone Number:	
Head Coach Email Address:			Assistant Coach Email Address:	
Roster				
Coaches: Please list all players below. Each player and parent/guardian must sign and initial acknowledging the waiver. Please submit this completed form to the MYGS Tournament Committee (turn in to the Concessions Stand) prior to your first scheduled game. <i>Incomplete or unsigned forms may result in ineligibility to participate.</i> Athletes & Parents Acknowledgement: *By providing your initials and signature below, you acknowledge both you and your daughter have read and understand the liability waiver and player affidavit information on this form. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE				
PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.				
Name of Athlete (Print):	DOB	Jersey #	Athlete Initials	Signature of Parent/Guardian