

Team Illinois Waiver

Player name _____ Birthdate _____

Name of Parents _____

Address _____

City _____ State _____ Zip _____

Fast Pitch Softball is an exciting sport which may involve collisions with other players, the ball or the ground. The sport is often played in hot, humid weather. Because of these conditions, which are part of the game, players are exposed to the risk of serious injury. Injuries could include, but are not limited to broken bones, concussions, paralysis, damage to internal organs and even death. Such injuries can result in short term loss of function and/or long term impairment of physical abilities. In an effort to make the game of softball as safe as possible, the coaches of this team will teach the players the skills and rules of softball. Players must follow the coaches instructions, rules and policies to reduce the possibility of injury.

I/we, the undersigned, have read the warnings above and understand that fast pitch softball is a physical sport and that there are risks involved in participation. I/we further understand that there is a possibility that my/our daughter could be injured as a result of her participation.

I/we understand that the Team Illinois Softball Spring Team carries team medical insurance to cover players who are members of the team on an "excess" basis only and that my/our personal insurance will be utilized first.

I/we hereby, on behalf of my/our child and for myself/us, my/our child's heirs, executors and administrators do waive, release and forever discharge any and all rights and claims for damages which I/we or my/our child may have or which may hereafter accrue me/us or my child against the Team Illinois Softball Spring Team and it's respective officers, representatives, successors and coaches for any injury incurred during practice, games or supervised team travel to and from same; and by signing where designated below, acknowledge that I/we, as parent(s) or guardian(s), has/have received, read, fully understand and agree to all terms and conditions of this waiver.

I/we may give my/our permission for the above named girl to participate on the Team Illinois Softball team for the 2020 season and I/we hereby certify that she is physically fit to take part in the softball program. I/we further authorize the coaches, or a representative of the Team Illinois Softball Spring Team, to use his/her best judgment to protect, assist and seek medical attention for the above named minor in the event of an accident or injury.

Health Restrictions: **Yes** **No**

If yes, please explain:

Player signature

Date

Parent Signature

Date