

**PARTICIPANT RELEASE OF LIABILITY - READ BEFORE SIGNING**

Full Legal Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_ Year Of Graduation: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_ Student Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

School Name: \_\_\_\_\_ Position: \_\_\_\_\_

In consideration of being allowed to participate in any way in Planet Fastpitch, LLC related events and activities, I, the Undersigned, acknowledge, appreciate, and agree that:

**Parent/Legal Guradian Initial**

- \_\_\_\_\_ 1. The risk if injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- \_\_\_\_\_ 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- \_\_\_\_\_ 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- \_\_\_\_\_ 4. I, for myself and on the behalf of my heirs, assigns, personal representatives and the next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS PLANET FASTPITCH, LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, 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, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(Under 18 at the time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_

Date Signed: \_\_\_\_\_

## Planet Fastpitch Medical Information Form

**Secondary Emergency Contact Name** (if parent/guardian cannot be contacted) \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Please provide any details that would prevent your child from fully participating in athletics at Planet Fastpitch and any other pertinent information that a doctor would need to know in the event of an emergency.

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

INJURIES: \_\_\_\_\_

Do you know of any disease and/or ailment that could impact your daughter's ability to participate in softball? If so, please provide an explanation.

YES \_\_\_\_\_ NO \_\_\_\_\_ Explain \_\_\_\_\_

Is there any other information that will be helpful for us to know in order to facilitate the best possible method of training for your daughter?

\_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Town** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

**Insurance Policy Holder Name:** \_\_\_\_\_

**Insurance Policy Number:** \_\_\_\_\_

### PERMISSION FOR EMERGENCY TREATMENT

On rare occasions, a medical emergency arises when we are unable to contact the parents. Most hospitals frown upon administering any medical care without the consent of the parent. In order that no delay occurs that might cause severe discomfort to the student, or endangering the student's life, we request the following permission slip be signed by the parent.

I hereby grant permission to the Director of Health Services, to hospitalize, and secure proper treatment for my daughter, \_\_\_\_\_, in the case of medical emergency, provided he is unable to contact me, and according to his best professional judgment, further delay would cause severe discomfort or jeopardize the life of my daughter.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

### Voluntary Participation and Assumption of Risk

Please be aware that softball and other indoor sports are inherently hazardous activities and those participants or spectators that enter these premises are voluntarily participating in these activities at this location with knowledge of the dangers involved. Risks and dangers include serious bodily injury, including permanent disability, paralysis and death. Dangers include but are not limited to:

- Ricocheting of balls and pieces of balls during normal use
- Obstacles such as fencing, netting, equipment
- Wild throws, pitches on hits from other students/parents in training
- Return throws/pitches and front tosses from coaches
- Players swinging bats during hitting groups

Please note that if you are entering this cage to catch for a student, it is recommended that you wear the proper protective gear (helmet, leg and chest guards, facemask) if you choose to not wear protective gear while catching, you are doing so at your own risk. Hazards may come from the player you are working with or from players and adults around you.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_