

KAUAI SENIOR SOFTBALL ASSOCIATION

Team/Player Registration

INDEMNITY STATEMENT: I, the undersigned, for myself, my heirs,, executers and administrator do hereby waive, release, discharge, and agree to hold harmless and indemnity all the members of the Kauai Senior Softball League, the County of Kauai, and all of its employees from all liability or loss for any claim for death, injury or damage to property or person resulting directly or indirectly from my participation in the Kauai Senior League 2017 Regular Season. I hereby waive and release all future claims, rights, and causes of action accruing in my favor as a result of personal injury or property loss while participating in said event. Having read and understood, I hereby freely sign this release agreement.

Team Name: _____

Coach's Name: _____ Phone No: _____

Email: _____

	Name	Age	Date of Birth	Address	Phone No.	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

See back side to add additional players

	Name	Age	Date of Birth	Address	Phone No.	Signature
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						