KAUAI SENIOR SOFTBALL ASSOCIATION

TEAM REGISTRATION

INDEMNITY STATEMENT: I, the undersigned, for myself, my heirs, executors and administrators do hereby waive, release, discharge, and agree to hold harmless an indemnity all the members of the Kauai Senior Softball League, the County of Kauai, and all of it's 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 Softball League 2024 season. I hereby waive and release all future claims, rights, and causes or 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		SEASON 2024
Coach Name:	Phone No.	Email:

PLAYER'S NAME	DOB	AGE	PH. NO	ADDRESS	SIGNATURE

Coach's Signature	
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