

2026 KAUAI SENIOR SOFTBALL CITIZEN ASSOCIATION

Team/Player Registration

INDEMNITY STATEMENT: I, the undersigned, for myself, my heirs, executors and administrators do hereby waive, release, discharge, and agree to hold harmless and indemnify 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 2026 Kauai Senior Citizen Softball Association league. 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, I hereby freely sign this release agreement.

TEAM NAME: _____ Coach Name: _____ Phone: _____ Email: _____

| PLAYER NAME | DATE OF BIRTH | AGE | Ph. No. | ADDRESS | SIGNATURE |
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Coach Verification _____

Date: _____, 2026