

Kauai Senior Citizen Softball Association

Player Addition/Deletion Form

INDEMNITY STATEMENT: I, the undersigned, for myself, my heirs, executors and administrator 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 Kauai Senior League 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: _____ Manager: _____

Date: _____

This request is to: Add Player (must sign below) Delete Player

Player Name: _____ Age: _____

Address: _____

Phone: _____ DOB: _____

Signature: _____

This request is to: Add Player (must sign below) Delete Player

Player Name: _____ Age: _____

Address: _____

Phone: _____ DOB: _____

Signature: _____

This request is to: Add Player (must sign below) Delete Player

Player Name: _____ Age: _____

Address: _____

Phone: _____ DOB: _____

Signature: _____