

Pelham Parks and Recreation, 6 Village Green, Pelham, NH 03076  
**MEN'S SLOW PITCH SOFTBALL – SPRING 2020**

(Cost: \$975.00 per team; each player needs to complete a form) - Phone 603-635-2721)

**Participant Release/Waiver Form** (Required for each player)

Participant Name: \_\_\_\_\_ DOB (required): \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_

Cell/Home Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Team name: \_\_\_\_\_ Sponsor: \_\_\_\_\_

**\*Payment by team captain must accompany sign ups to be added to game schedule. Registration is on a first come/first served basis and will be capped at 12 teams.**

This is a recreation level slow pitch softball league consisting of games involving a high level of physical activity. The program will take place Monday through Thursday weeknights for about 20 games at Golden Brook Park/Newcomb Field, 321 Newcomb Field Parkway, Pelham NH. Season starts April 27, 2020, dependent on field condition. See flyer for more details. Players are required to abide by all Town Ordinances and Regulations including (but not limited to):

**NO CONSUMPTION OF ALCOHOLIC BEVERAGES ON TOWN PROPERTY.**

Softball poses a variety of risks to the participant because of contact with the ball, other players, and the ground and by the strenuous level of activity. These risks include but are not limited to: bumps, bruises, cuts, abrasions, broken bones, concussions, heart attacks and even death. Because of the inherent risks and extensive physical activity involved in the game, we advise that all participants be in good physical condition. Any/all limitations regarding a participant's physical capabilities shall be made known to the Pelham Parks and Recreation Department by participant prior to engaging in the specified program.

Participants are strongly encouraged to wear protective equipment always during participation in the Pelham Parks and Recreation Men's Softball program; these items include, but are not limited to kneepads, mouth guards, elbow pads and protective cups and supporters. No prior knowledge or skills are required to take part in this program. See flyer for more details.

Please list any/all physical or other conditions, medications the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participant's health and safety:

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the information contained herein. I have specified any/all physical and/or medical conditions I have which may affect my participation. I meet the standards required for participation and will have the necessary equipment, which will be in good working condition. I assume all the risks normally incidental to the nature of this activity, including risks which are not specifically foreseeable or listed on this form. I will follow the rules and regulations provided by the league, its' agents and supervisors. I will abide by all Town Ordinances and Regulations.

I, the undersigned, hereby agree to release, indemnify, save and hold harmless the Town of Pelham, the Parks and Recreation Dept., its employees, USSSA officials, agents, representatives, coaches, and volunteers, from any and all liability, actions, causes of actions, debts, claims or demands of any kind for property damage or personal injury resulting from failure to obey safety regulations and directions of the activity leader or resulting from the exercise of judgment by the leader in good faith response to emergencies and exigencies which occur during the activity; provided, however, that nothing contained herein shall excuse any of the leaders to act with reasonable care for the safety of the participant during the course of the activity appropriate to the circumstance.

I give my permission to have a physician attend to me, if it is deemed necessary, during my participation in the above activity. I give my permission for any recording or other photographic images taken in which I may appear. I understand that Pelham Parks and Recreation may remove me or any member of my team from the program as it deems necessary concerning the zero-tolerance policy of appropriate behavior.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_

Participant Signature

In case of emergency, please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Town/City/State: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please make checks payable to Town of Pelham / \$975.00**