



RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
DEL WEBB FIELD, 1050 DEL WEBB BLVD., LINCOLN, CA 95648

Please read carefully.

In consideration of being permitted to participate in the **LINCOLN HILLS SENIOR SOFTBALL LEAGUE (LHSSL)** activities, as described on the signature page, I hereby acknowledge, understand, and agree that:

1. Serious accidents occasionally occur during softball activities, and that participants occasionally sustain serious personal injuries, illness, death, or property damage as a consequence thereof; and;
2. Participation includes possible exposure to and illness from infectious diseases, including but not limited to COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and;
3. LHSSL does not provide medical insurance; and;
4. Knowing the risks, I am voluntarily participating in activities under the auspices of LHSSL and hereby agree to assume those risks and to release the LHSSL, its officers, directors, and volunteers; the Sun City Lincoln Hills Community Association, its officers, directors, and employees (collectively "RELEASEES") who might otherwise be liable to me; and;
5. I, individually and on behalf of my heirs, assigns, and personal representatives, and next of kin, voluntarily agree to release, waive, discharge, and hold harmless RELEASEES from and for any liability resulting from my participating in any LHSSL activity from any cause, including negligence, to the fullest extent permitted by law. Additionally, I agree to indemnify and defend RELEASEES from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities including but not limited to attorney's fees, arising from or in any way related to my participating in any LHSSL activity.
6. I further agree to abide by the Bylaws; Policies, Procedures and Regulations; and Playing Rules of LHSSL. I have the right to request a copy of these documents. I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I am giving up substantial rights by signing it, and sign it voluntarily.

SEE ATTACHED (or back) SIGNATURE PAGE

VISITING TEAM NAME: _____

MANAGER NAME: _____

TOURNAMENT/GAME DATES: _____

PRINTED NAME

SIGNATURE

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