

### WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in softball game activities in conjunction with Central Penn Lady Renegades. I AM AWARE THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SOFTBALL GAME ACTIVITIES; AND THAT PARTICIPANTS OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURY OR DEATH AND/OR PROPERTY DAMAGES, AS A CONSEQUENCE THEREOF. I understand that included among the dangerous elements of the sports of softball is the risk of injury as a result of being struck by a batted or thrown ball, a loose bat, or by another player or his/her equipment. Additionally, I understand that the ball field cannot be guaranteed to be smooth or free of defects, and that there is a risk of injury as a result of tripping on an unknown hazard in the field. I understand that in addition to the above-mentioned risks, there are unpredictable dangers involved in this sport.

In consideration for being allowed to participate in softball activities in conjunction with Central Penn Lady Renegades, I intend to be legally bound, do hereby for myself, my heirs, executors and administrators waive and release and an all rights and claims for damages I may accrue against Central Penn Lady Renegades, it employees, officers, or representatives, and all sponsors for any and all injuries that may be suffered by me as a result of my participation in softball activities.

Further, I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring from my participation.

This release is intended to discharge in advance, Central Penn Lady Renegades (including its respective coaches, agents, officials, employees, affiliates, and school districts where facilities are used), and the sponsors from and against any and all liability arising out of or connected in any way with my participation in softball events; even though the liability may arise out of active or passive negligence, or carelessness on the part of the persons or entities mentioned above.

I further understand fully and agree that the term of this release extends year to year, covering all periods of time that I participate in softball activities in conjunction with Central Penn Renegades.

Lastly, I agree to accept and abide by the rules and regulations of the Central Penn Renegades.

---

Player Signature

---

Parent/Guardian Signature

---

Date

## AUTHORIZATION FOR MEDICAL TREATMENT

I, \_\_\_\_\_ (Parent/Legal Guardian) authorize the representative of Central Penn Lady Renegades bearing this document to act on my behalf in case my child, \_\_\_\_\_, requires emergency medical or surgical care, provided said representative makes an appropriate effort to first contact me and obtain my preferences. If such efforts to contact me are unsuccessful, I authorize said representative to take such action on my behalf as his/her judgement dictates.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

### ***Parent/Guardian Contact Information***

Father: \_\_\_\_\_ Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Mother: \_\_\_\_\_ Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

### ***Other Emergency Contact Information***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_