

**WOODLAND SENIOR SOFTBALL  
JACK SLAVEN LEAGUE**

**REGISTRATION AND WAIVER OF LIABILITY FORM**

To participate you must be fifty (50) years of age prior to the end of the 2024 calendar year and pay the \$100.00 registration fee before league play starts. **\*\*\*COMPLETED FORMS RECEIVED WITH PAYMENT BEFORE TUESDAY JANUARY 9, 2024 WILL PAY \$85.00\*\*\*** The 2024 season is scheduled to start on Tuesday March 5, 2024 and continue until Tuesday August 20, 2024.

Please return this completed form with your check to:  
WOODLAND SENIOR SOFTBALL P.O. BOX 8207 WOODLAND, CA. 95776

**PRINT**- Player's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Phone # (\_\_\_\_\_) \_\_\_\_\_ Other # (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

New to League YES / NO Paid Check or Cash \_\_\_\_\_ Team # (\_\_\_\_\_) Coach \_\_\_\_\_

**PLAYER ATHLETIC CONTRACT AND GENERAL RELEASE** - THIS IS A RELEASE OF LIABILITY ALL PLAYERS ARE ENCOURAGED TO READ CAREFULLY BEFORE SIGNING YOUR NAME ON THE APPLICATION AND ROSTER. SINCE SOFTBALL CAN BE DANGEROUS, WOODLAND SENIOR SOFTBALL REQUIRES ALL PARTICIPANTS TO ASSUME ALL RISKS BY SIGNING THIS GENERAL RELEASE OF LIABILITY.

IN CONSIDERATION OF BEING PERMITTED BY WOODLAND SENIOR SOFTBALL TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE AS A RESULT OF MY PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE AND DISMISS IN ADVANCE WOODLAND SENIOR SOFTBALL (THEIR OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF WOODLAND SENIOR SOFTBALL (OR THEIR OFFICERS, EMPLOYEES, AND AGENTS).

I UNDERSTAND THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY, AND THAT PARTICIPANTS IN THE ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF. KNOWING THE RISKS INVOLVED, NEVERTHELESS, I HAVE VOLUNTARILY APPLIED TO PARTICIPATE IN SAID ACTIVITY AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS WOODLAND SENIOR SOFTBALL (THEIR OFFICERS, EMPLOYEES, OR AGENTS) WHO THROUGH NEGLIGENCE, CARELESSNESS, OR ANY OTHER ACT OF OMMISION MIGHT OTHERWISE BE LIABLE TO ME. I FURTHER UNDERSTAND AND AGREE THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS, EXECUTORS ADMINISTRATORS AND ASSIGNS.

I FURTHER AGREE TO INDEMNIFY AND HOLD WOODLAND ADULT SOFTBALL, THEIR OFFICERS, EMPLOYEEES, AGENTS, AND TOURNAMENT DIRECTORS; THE CITY OF WOODLAND, THEIR OFFICERS, EMPLOYEES, AND AGENTS; SENIOR SOFTBALL USA, USSSA, ASA, SPA, SWS, ISA, ALONG WITH THEIR OFFICERS, EMPLOYEES, OR AGENTS; AND THE OWNERS AND MAINTAINERS OF THE FACILITIES FROM ANY LOSS, LIABILITY, DAMAGE, COST, OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY OR PROPERTY DAMAGE I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. **I HAVE CAREFULLY READ THIS CONTRACT, WAIVER, AND GENERAL RELEASE. I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND WOODLAND SENIOR SOFTBALL. I SIGN THIS RELEASE OF MY OWN FREE WILL.**

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

LEAGUE SPONSORSHIPS REMAIN AT \$250.00 PER SEASON. SPONSORS, PLEASE SUBMIT YOUR INFORMATION BELOW. LEAGUE SPONSORS DO NOT PAY THE \$100.00 REGISTRATION FEE.

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ E-mail / WEB Address \_\_\_\_\_