



# PLAYER WAIVER AND RELEASE

2023 Vankleek Hill Canada Day Mixed Slo-Pitch Tournament



I, the undersigned player, acknowledge, agree, and understand that:

- a) Voluntarily and of my own free will, I elect to participate as a member of a slo-pitch team in the 2023 Vankleek Hill Canada Day Celebrations and Mixed Slo-Pitch Tournament and consent to having my picture taking during the event and shared on social media.
- b) there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
- c) sliding into base is dangerous to me and other players and may result in injury or death.
- d) I am to wear a batting helmet when batting. By signing below, I release all tournament officials, umpires and organizers from any liability should I decide not to wear a helmet and become injured.
- e) the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and other players.

Further, I, the undersigned player, agree that in consideration for the right to play in the tournament and in consideration for permission to play on the fields arranged for by the tournament organizers:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of a team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any, and all, of the fields arranged for by the tournament.
2. I release, discharge, and agree not to sue the tournament organizers, the Township of Champlain, the Alzheimer Society of Cornwall & District for any claim, damages, costs, or cause of action which I have or may in the future have, because of injuries or damages sustained or incurred by me.

I, the undersigned player, acknowledge that I have read, and I understand each and every one of the provisions in this waiver and release form and agree to abide by them.

\_\_\_\_\_  
SIGNATURE OF PLAYER (PARENT OR GUARDIAN IF UNDER 18)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FULL NAME OF PLAYER - PLEASE PRINT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
POSTAL CODE