

FASTPITCH SUPER SERIES OF AMERICA
WORLD SERIES
MEDICAL RELEASE FORM

I, the undersigned parent or legal guardian of the minor, whose name appears below, consent and agree that the below named minor may participate in the above-described activity. The undersigned further agrees that the Fastpitch Super Series of America (FSSA), and its officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of such participation, and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of participation in the activity.

Further, the undersigned WAIVES ANY CLAIM against the FSSA, and its officers, agents and employees arising from loss, injury or damage and does COVENANT NOT TO SUE the FSSA and its officers, agents and employees.

Further, the undersigned agrees to RELEASE, INDEMNIFY, AND HOLD HARMLESS the FSSA, and its officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above-described activity.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the FSSA relating to such loss, injury or damage.

I hereby give permission for FSSA, and its officers, agents and employees to call my physician and/or to arrange for transportation to a hospital in the event of any injury to the minor, although I understand that FSSA and its officers, agents and employees assume no responsibility to do so. I accept full financial responsibility for payment of any and all medical services rendered.

I hereby agree that this Release Form shall be binding on my heirs, successors and assigns.

The undersigned has fully read, understood and agrees to each and every term contained in this Release, Waiver and Indemnification Agreement.

This release is effective for the period of one year from the date below.

MINOR'S NAME _____

DATE OF BIRTH _____

ADDRESS _____
Street City State ZIP

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FULL LEGAL NAME OF PARENT/GUARDIAN _____

ADDRESS _____
Street City State ZIP

PHONE _____

INSURANCE COMPANY _____

POLICY NUMBER/INFORMATION _____

In the event that Parent/Guardian cannot be reached, the following person(s) is/are designated to act on my behalf:

* Coach _____

* Assistant Coach _____

* Manager _____

* A League Representative where my child is playing

* Any tournament representative where my child is participating in a tournament

* Other/Relationship _____

PHYSICIAN _____

ADDRESS _____
Street City State ZIP

PHONE _____

ANY/ALL KNOWN ALLERGIES _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PRINTED NAME OF PARENT/GUARDIAN _____

Sworn and Subscribed before me this _____ day of _____, 20_____

(SEAL)

Notary Public