



# MCRF Adult Softball League Sign Up

**Team Name:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Roster

Name	Phone #	Birth Date	Waiver
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Please return the registration forms and payment to one of the following:  
Email: [makenzie.burk@mcrf.mahaska.org](mailto:makenzie.burk@mcrf.mahaska.org)  
Mail or Drop off: 2019 Stadium Drive, Oskaloosa, Iowa 52577



## 2023 MCRF Adult Softball League Waiver

Name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*Legal Waiver (Please Read and Sign)**

IN CONSIDERATION OF my participation in the Activity known as ADULT SLOW PITCH SOFTBALL, hereby acknowledge that participation in the Activity involves certain risks and may result in unavoidable injuries and/or illness. The injuries may include muscle and ligament strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibilities of injury involved and acknowledge that I ASSUME THE RISK of such injury by my participating in the Activity.

I further acknowledge that I will be responsible for all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Activity.

Knowing these facts and in consideration of my participation, I hereby agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, volunteers, or agents of MCRF from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the Activity, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that I may incur or sustain during the Activity.

I acknowledge that I have read this Release, Assumption of Risk, and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my physical capacity to participate in the Activity as well as my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

By providing the required information and signing, I acknowledge that I have read all program information and am willing to abide by the rules. I also consent to the use of any photographs or videos taken by MCRF of myself and my family members for the purposes of advertising or promoting the MCRF and its programs, including but not limited to print and online publication.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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