Holliston Old Man Softball League

Waiver of Liability Form

Team_____

Name_____

Address_____

Phone_____

Date of Birth_____

E-Mail_(optional)_____

I, _____, in consideration for the privilege of participating in this league, do hereby waive, release, absolve from liability, indemnify and agree to hold harmless for all damages, direct or consequential, league directors, officers, coordinators, coaches, participants, the Town of Holliston and any of its officials, for any injuries I may sustain in conjunction with my participation in the league.

I assume full responsibility for any medical expense incurred in conjunction with my participation in this league, and do herby certify that I am in good physical health and capable of participating in this league. I assume responsibility for any damage that I may cause to any league property, or to the school or facility where the league is playing.

I recognize that Holliston Old Man Softball is a recreational league and will accordingly conduct myself in compliance with league rules and according to principles of good sportsmanship.

Signed_____Date:_____