

MBS Adult Coed Softball Waiver

Team Name:

Coach:

Phone:

Address:

I, undersigned, plan to participate in adult coed softball and recognize that it is a contact sport. I will not hold Most Blessed Sacrament Church, MBS School, MBS Athletic Association, Officers or Coaches liable for any injury, medical bills or damages resulting from practice or game activities.

I do hereby certify that I have medical insurance that will afford coverage for such injuries or I am financially able and responsible to provide for any payment of any medical bills.

I give coach or his representative my permission to bring me to a doctor or a hospital in the event of any injury or emergency during practice or game if I am unable to do so myself.

I have read and agree to adhere to the MBS ATHLETIC ASSOCIATION CO-ED SOFTBALL RULES.

	Players Name(print)	Signature	Phone	Date
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