

PARENT or LEGAL GUARDIAN PERMISSION FOR BAT CHILD

Form MUST BE filled out COMPLETELY, INITIALED, SIGNED & DATED.

Give COMPLETED & SIGNED form to JUDY BEZVERKOV or any S.D. Senior Women's Softball League Board Member BEFORE BAT CHILD Participates.

PRINT NAME OF TEAM: _____

Circle One

PRINT NAME OF BAT CHILD: _____

Male Female

AGE OF BAT CHILD: _____ DATE OF BIRTH: ____ / ____ / ____

Parent/Legal Guardian Information:
MUST FILL IN COMPLETELY
Please **PRINT** legibly

PARENT/GUARDIAN FIRST NAME PARENT/GUARDIAN LAST NAME

NUMBER STREET APT./SUITE CITY ZIP CODE

() _____
DAYTIME PHONE

() _____
EVENING or CELL PHONE

In consideration of being allowed to participate in the capacity of BAT CHILD on City of San Diego Park and Recreation Department facilities, the undersigned agrees and acknowledges that:

- I, the undersigned, am aware that the **ACTIVITY OF SOFTBALL BAT CHILD, INVOLVES NUMEROUS RISKS OF INJURY, INCLUDING DEATH, AND I FREELY ASSUME THOSE RISKS FOR MY CHILD.**
[INITIAL of Parent/Guardian]: _____
- I am voluntarily choosing to allow my child to participate in the **SAN DIEGO SENIOR WOMEN'S SOFTBALL LEAGUE** in the capacity of **Bat Child**. As lawful consideration for permission to participate in this program and for permission to use Park & Recreation Dept. facilities, **I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NOT TO SUE THE CITY OF SAN DIEGO**, its officers, agents, & employees, the **UMPIRE'S ASSOC.**, its officers, agents & employees and the **SAN DIEGO SENIOR WOMEN'S SOFTBALL LEAGUE**, its officers, agents & employees, for any and all injuries, including death, or property damage caused by or resulting from my child's participation in this league and related events and activities whether or not such injury, death, or property damage was caused by alleged negligence.
I understand NO MEDICAL or HEALTH INSURANCE is provided by SAN DIEGO SENIOR WOMEN'S SOFTBALL LEAGUE and that I am responsible for providing Medical/Health Insurance for my child.
- I agree that this **AGREEMENT AND RELEASE OF LIABILITY** is intended to be as broad and inclusive as is permitted by law. Any provision found to be invalid or unenforceable by a court shall not affect the validity or enforceability of any other provision.
I understand that no medical or health insurance is provided by this program.
- I agree to inspect the facilities and equipment to be used and accept them "as is," or, if I believe any facility or piece of equipment to be unsafe, I will immediately refuse to allow my child to participate in the capacity of Bat Child.
- I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT. I AM VOLUNTARILY SIGNING THIS AGREEMENT AND IT IS INTENDED TO BE BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN AND ASSIGNS.**

PARENT/LEGAL GUARDIAN SIGNATURE

DATED

PLEASE MAKE SURE YOU HAVE INITIALED #1 AND SIGNED AND DATED AT THE BOTTOM