WAIVER OF LIABILITY

I, the undersigned, am aware that the **ACTIVITY OF SOFTBALL INVOLVES NUMER0US RISKS OF INJURY, INCLUDING DEATH, AND I FREELY ASSUME THOSE RISKS.**
I acknowledge that I am participating in these activities on my own time and of my own choice and assume all risk in connection thereto. As lawful consideration for permission to participate in the adult softball program and related events and activities and for permission to use Park and Recreation Department facilities,
I HEREBY AGREE TO RELEASE FROM ANY AND ALL LEGAL LIABILITY AND AGREE NOT TO SUE D C EXC CORP., Thomas Gibson, Founder(s) and all its officers, agents, and employees, umpires for any and all liability, injuries, including death, or property damage connected with my voluntary choice, and or caused by or resulting from my participation in any company adult softball program and related events and recreational activities whether or not such injury death, or property damage was caused by alleged negligence.
I agree that this WAIVER 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 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 advise my manager, supervisor, or other person in charge of the activity of the unsafe condition and refuse to participate in the activity.
I am aware of the rules and policies of this adult softball league. I am aware that violation of the rules or policies could result in my suspension from the league.
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. If any player for my team has not signed any Waiver and Softball Roster, I hereby represent, under penalty of perjury, that I am authorized, by my signature on this form, to make such injury waiver for him or her, and further I agree to defend and indemnify D C EXC CORP., Thomas Gibson, Founder(s) and all its officers, agents, and employees, umpires from any claim or suit that any unsigned player may bring.

ALL PRINTED NAMES MUST HAVE A CORRESPONDING SIGNATURE

PRINT First & Last Name	SIGNATURE	Phone Number
		( )
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		( )

Manager's Signature _____ **Date** _____

Manager's Name (Print) _____ **Team Name**_____

Address _____

City _____**Zip** _____ **Email Address**_____

Home Phone _____ **Work Phone** _____