

EASTERN IOWA SPORTS FACILITY TEAM WAIVER FORM
Coach/Player Waiver and Release of Liability Agreement

Team Name: _____

Coach's Name (*please print*): _____

Signature: _____

Address: City, State, Zip: _____

Coach's Phone #'s: (cell) _____ (home) _____

Date: _____

****This form must be submitted no later than the day of the Tournament before your team's first scheduled game.**

The following MUST be read and signed:

We, the above named team, acknowledge, agree and understand that: 1) We voluntarily and of our own free will, elect to participate as members of the softball/baseball/soccer team indicated above. 2) We understand there are certain risks and hazards involved in playing softball that may result in injury or death to me or to other players including, but not limited to hazards associated with weather conditions, playing conditions, equipment, and other participants. 3) We understand the very nature of the game of softball/baseball/soccer is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, sliding, kicking, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. We, the above named team, agree that in consideration for the right to play as a member of the softball/baseball/soccer team designated above and in consideration for permission to play in the Eastern Iowa Sports Facility 1) We voluntarily accept and assume all risks of injury incurred or suffered while practicing or playing as a member of the team so designated, while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and while on or upon the premises of any and all the fields arranged for practice or play. 2) We release, discharge, hold harmless, and agree not to sue Eastern Iowa Sports Facility, their employees, umpires, and volunteers, for any claim, damages, costs or cause of action which We have or may in the future have as a result of injuries or damages sustained or incurred by us from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

Each player **must read** the Player Waiver and Release of Liability Agreement on the first page (page 1) of this form **before signing below**, in order to be eligible to play in events at the Eastern Iowa Sports Facility.

By signing the form below you acknowledge that you have read and understand each of the provisions in the Player Waiver and Release of Liability Agreement, **and agree to the terms** outlined in said Agreement. You also attest that you are physically fit and sufficiently prepared to compete at the Eastern Iowa Sports Facility. If under the age of 18 this form must be signed by parent or legal guardian.

Player Name	Address	Parent/Player Signature

Coach's Signature: _____