

## **\*\*West Mobile County Park**

### **Sandlot Softball Participation Waiver & Release\*\***

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

#### **1. Assumption of Risk**

I understand that participation in **Sandlot Softball** at West Mobile County Park involves inherent risks, including but not limited to: being struck by a ball or bat, slips/falls, collisions with other participants, weather-related hazards, and other unforeseen circumstances. I acknowledge these risks and voluntarily allow my child to participate.

#### **2. Release of Liability**

In consideration for my child's participation, I hereby release and hold harmless **West Mobile County Girls Softball Association (WMCGSA)**, West Mobile County Park, its Board Members, volunteers, coaches, staff, and representatives from any and all liability, claims, or demands for injuries, damages, or losses arising out of or related to participation in Sandlot Softball activities, whether caused by negligence or otherwise.

#### **3. Medical Authorization**

I authorize WMCGSA staff, volunteers, or emergency personnel to provide or arrange for any necessary medical treatment for my child in the event of an injury or emergency. I understand that I am responsible for any and all associated medical costs.

#### **4. Behavior & Supervision**

I acknowledge that Sandlot Softball is an informal, recreational activity and not a coached, structured practice. I understand:

- Parents/guardians are encouraged to remain on-site.
- Participants are expected to behave safely and respectfully.
- Repeated unsafe or disruptive behavior may result in removal from the activity.

#### **5. Media Release**

I grant permission for WMCGSA to use photographs or videos of my child participating in Sandlot Softball for promotional or social media purposes.

☐ **I decline media use for my child.**

## **6. Acknowledgment & Agreement**

I certify that my child is physically able to participate in softball-related activities. I have read and understand this waiver and agree to its terms.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_