

BYRON TOWNSHIP RECREATION DEPARTMENT

Adult Softball Participant Waiver/Add on Form

Name _____ Phone _____ Birthdate _____

Address _____ City, State, Zip _____

Team Name _____ Night _____

Men's Coed Women's Slow Pitch Fast Pitch

I, in consideration of my participation in Softball through the Byron Township Recreation Department's Softball program, hereby waive any and all claims for property damage or for injury to myself against Byron Township, Byron Township employees and the Recreation Department arising in any manner out of my participation in the above activity, including, but not limited to those injuries arising out of any act, or failure to act, of the officers, agents and employees of the above entities. I, specifically assume the risk of injury in connection with the above activities.

Signature: _____ Date: _____

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