

Cedar Park Parks and Recreation Softball Waiver

Player: Last Name _____ **First Name** _____

As a parent of a minor softball player, you must read and sign the following. Please note that physical activity is recognized by the medical profession as being a significant coronary heart disease risk factor. Although, overwhelming evidence points to the need for all persons to attain/maintain an adequate fitness level, the first step to increasing your degree of fitness is to consult with your physician before significantly raising your amount of physical activity. I desire to use the physical exercise facilities and services of Cedar Park Parks & Recreation. In connection with that desire, I make and attest to the truth of the following statements and undertakings:

1. I am in good physical health and able to tolerate, to the best of my knowledge, the physical strain which results from exercise and playing softball, without injuring myself.
2. I understand that the physical exercise and activity which I may take or participate in with the Parks & Recreation Softball program could injure me slightly, seriously, or fatally.
3. I understand that I should consult my personal physician concerning the risks of overtraining due to exercise and that the Parks and Recreation Division does not provide medical advice, or medical insurance, to persons participating in its program.
4. I understand that I must follow the softball guidelines set by the City of Cedar Park for our safety.
5. The youngest a minor player can be to participate in the Cedar Park Adult Softball league is age 16. A parent or guardian must sign this form for him/her to be able to participate in the league. Prior experience playing baseball/softball is important. A contact name and phone numbers must remain on file with our Softball Coordinator and updated.

Therefore, I hereby for myself, my heirs, executors, and administrators waive and release all right and claims for damages I may have against the City of Cedar Park. I also further agree to defend, indemnity and hold harmless the City of Cedar Park, The Parks & Recreation Division, its employee(s), agent(s), representative(s) and volunteer(s) and assigns for any and all injuries suffered through participation in the programs and activities sponsored by the Parks & Recreation Division. Additionally, since risk of injury or death is inherent to any form of physical activity, I am advised to consult with my physician prior to beginning participation in any program(s).

Signature of Parent

Phone number

Name of Minor (under 18 years of Age):

Alternate Contact

Phone number

Date: _____