



Dusk to Dawn Softball Tournament
DAWN'S RAY OF HOPE, INC.
Team Roster and Waiver

TEAM NAME: _____

This roster/waiver must be turned in before the start of your first game.

I (the undersigned participant or parent/legal guardian of a minor participant named below) understand that the tournament for which I intend to participate may have some inherent risk of injury because of the activity. As a participant, I agree that the Town of New Castle, the Town of New Castle Department of Parks and Recreation, the New Castle Recreation and Parks Commission, Dawn's Ray of Hope, Inc., and their respective employees and representatives, shall not be held responsible for any illness, injury to person, or damage to property resulting from my participating in this tournament. I voluntarily and of my own free will elect to participate in the softball tournament. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I, the undersigned player, agree that in consideration for the right to play in this tournament and in consideration for permission to play on the fields arranged for by the tournament organizers: 1) I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing in the tournament, (b) while serving in a non-playing capacity during the tournament as a team member or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by the tournament organizers for the tournament events; 2) I release, discharge and agree not to sue the field owner, the Town of New Castle, the Town of New Castle Department of Parks and Recreation, the New Castle Recreation and Parks Commission, Dawn's Ray of Hope, Inc., the tournament director, or their owners, officers, agents, servants, associations, employees, or other persons or entities associated with them, for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released. I further grant permission for Dawn's Ray of Hope, Inc. to use my photograph for promotional purposes. (It is expressly understood and agreed that the terms "I" or "me" or any derivation thereof shall refer to the signing participant, the parent or legal guardian of a minor participant and the minor participant.)

I acknowledge that I have read and that I understand the provisions in this waiver and agree to abide by them.

Name of Player (please print)	Street	City, State, Zip	Signature of Player or Legal Guardian	Date

