



CAPE COD RIPTIDES GIRLS SOFTBALL PROGRAM  
P.O. BOX 320  
WEST BARNSTABLE, MA 02668

**RELEASE OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF RISK  
WAIVER**

Participants Name: \_\_\_\_\_

**Participating in an event hosted by the Cape Cod Girls Softball Program,**

**I am fully aware of the fact that there are special dangers and risks associated with participation in this activity, including but not limited to the potential for falls, slips, sprains, broken bones, extreme physical contact with other participants or outbursts of rage by other players, coaches or referees. In extremely rare cases, paralysis and even, sudden death can occur as a result of participation in this activity. Serious injury may also occur as a result of certain playing conditions such as indoor and outdoor facility conditions, potholes and standing water on fields, along with humidity, heat, cold and other weather conditions inherent with games played indoors or outdoors. Serious injury or sudden death may also occur as a result of improper use of equipment.**

**The Cape Cod Riptides Girls Softball Program, its coaches and activity sponsors and all others involved in the administration of this program have pledged to utilize every reasonable precaution to minimize or eliminate the potential for injury by players as a result of athletic participation. Being fully informed as to these risks and in consideration for being allowed to participate in this activity, I hereby assume all risk of injury, damage and liability arising from participation in this activity. I have read this Release of Liability and Assumption of Risk Agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily.**

Participants Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_



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I certify that I am the parent/legal guardian of the above-named participant; that I have read and understand this Release of Liability and Assumption of Risk Agreement. I certify that I have explained the risks and dangers to my child. I hereby release and hold harmless The Cape Cod Riptides Girls Softball Program, coaches, volunteers, medical personnel, security officers, administrative officials, other employees, volunteers and agents from any liability, actions, causes of action, claims, judgments cost or expense, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in, or traveling to and from any practice, game, or special event. I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my son/daughter be permitted to participate in extracurricular athletic activities sponsored by The Cape Cod Riptides Girls Softball Program,.

Parent's Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Telephone:  
Work: \_\_\_\_\_  
Home: \_\_\_\_\_  
Cell: \_\_\_\_\_

If I cannot be contacted and a reasonable effort has been made to do so, I authorize the coaching staff or the Principal and his or her designee to act on my behalf. I further authorize my son/daughter to be transferred and admitted to any hospital or medical facility for diagnosis and treatment if deemed necessary. I request and authorize any duly licensed Doctors of Medicine, Doctors of Dentistry or other such licensed technicians or nurses to perform any diagnostic, treatment or operative procedures including x-ray diagnosis of my child. I assume the responsibility for the payment of any such transfer and treatment.

Preferred Hospital:

Person to be contacted if I am not available:

Telephone:  
Work: \_\_\_\_\_  
Home: \_\_\_\_\_  
Cell: \_\_\_\_\_

Is participant covered by a medical insurance policy?    Yes    No

Policy

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#### **PARENTAL RECOMENDATION**

**The Cape Cod Riptides Girls Softball Program, strongly recommend and encourage parent(s)/guardian(s) of students wishing to participate in any athletic activities to complete an annual physical examination by a physician or other qualified medical practitioner to determine their child's fitness to participate. It is important that parent(s)/guardian(s) realize that they fully assume any and all risks and subsequent consequences associated with the failure to have such a recommended annual pre-participation physical examination performed by a physician.**