

**Participant Agreement, Consent, and Release**

**Parental/Guardian Agreement, Consent, And Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)**

1. I hereby acknowledge that I am the parent/guardian of the player being registered by me for activities of Hoover Softball Association, Inc. (“HSA”), and that I have legal authority to register such player and to enter into this agreement.
2. I hereby acknowledge that participation by my player in the activities of HSA does involve some risk of bodily harm. I hereby authorize HSA, the City of Hoover, Alabama, and their respective agents, servants, volunteers and employees (collectively, the “Released Parties”) to provide such emergency medical service to my player, as reasonably appears to be necessary, if illness or bodily injury does occur to my player.
3. In consideration of allowing my player to participate in the activities of HSA, I hereby release the Released Parties from any and all claims, demands or suits which may be made against any of the Released Parties arising out of bodily injury to my player or arising out of the provision of emergency medical care to my player. I further agree, in consideration of the below, to indemnify and hold harmless the Released Parties from any and all claims, demands and suits which may occur as a result of bodily injury to my player.
4. I understand the fees collected include player’s uniform. Any unpaid balance at the time of registration must be paid in full.
5. I understand and acknowledge that HSA has adopted a Code of Conduct to inform participants of the expectations of our park and some of the conditions upon which they will be permitted to engage in or attend softball activities promoted by HSA. This Code of Conduct prohibits certain specified conduct so that all users might have the opportunity to enjoy the activities and programs made available to Hoover citizens through HSA. This Code of Conduct applies to all participants in HSA activities and applies to players, coaches, volunteers, parents/guardians of players and all friends and family members in attendance. A copy of the HSA Code of Conduct is contained on the HSA website.
6. I grant HSA the right to photograph and/or videotape my player and further to use said player's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation or any obligation of compensation. HSA, however, is under no obligation to exercise said rights herein.
7. I am aware of the potential danger of concussions and/or head and neck injuries in youth athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE** **(Only one parent/guardian signature is required)**

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Name of Player (printed) (Each participating player must have their own completed form)

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