

**WEST HERNANDO ATHLETIC CLUB SENIORS, INC.**  
**"WHACS" Manager and Coach Application**  
**for 2025-26 Season**

Each year, WHACS has been fortunate enough through sponsorships and other sources, to be able to field up to 6 teams with a maximum of 15 players for Senior Softball (age 55 and over). Potential, non-playing Managers and Coaches are asked to apply to the Player Committee for the upcoming season, commencing in September 2025. All games are played at Veterans Park on Spring Hill Drive.

The fee for a non-playing manager or coach is \$35.00, plus a \$10.00 member fee, which includes a team shirt. Total of \$45.00

If interested, please complete the application below and submit (check payable to WHACS) to:

**Al Johnson, Treasurer**  
**1335 Gilpin Avenue, Spring Hill, FL 34608**

**Personal Information and Emergency Contact**

Name: \_\_\_\_\_ Cell/Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Cell/Phone #: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Experience in WHACS:

\_\_\_\_\_

Other experience: \_\_\_\_\_

Comment(s): \_\_\_\_\_

\_\_\_\_\_

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**WHACS use, only:** Date received: \_\_\_\_\_ Applicant accepted: YES \_\_\_\_ NO \_\_\_\_

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**PERSONAL RESPONSIBILITY FOR SECURING INSURANCE:**

All Participants are presumed to be fully aware that WHACS does not carry, nor provide, any medical insurance for any participants and individuals are solely responsible for procuring their own insurance.

**ASSUMPTION OF INHERENT RISK:** All Participants recognize they assume all risks involved arising from participation in any WHACS sanctioned league if electing not to wear any recommended safety equipment and knowingly undertake the inherent risks of the sport.

**WAIVER AND RELEASE OF LIABILITY** I acknowledge that softball or any sporting event is an extreme test of a person's physical and mental skills and carries with it the potential of death, serious injury, or property loss. I, hereby, assume the risks of participation in the WHACS Softball League.

I, also hereby, take the following action for myself, my executors, administrators, heirs, next-of-kin, successors and assigns: • I waive, release and discharge, from any and all claims of liability for death or personal injury or damages of any kind, EXCEPT that which is the result of gross negligence and/or wanton misconduct of persons or entities below, which arise out of, or related to, my participation in said softball league. The following persons or entities are: President, Vice President, Secretary, Treasurer, Directors, Committee Members, Umpires, Managers and other active ballplayers.

I agree not to sue any of the persons or entities, as mentioned above, for any of the claims or liabilities I have waived, released or discharged herein; and Indemnify and hold harmless the persons or entities, as mentioned above, from any and all claims or liabilities assessed against them as a result of my personal actions.

This waiver and release is valid indefinitely, unless otherwise noted. By signing this form, I affirm that I am Fifty-Eight (58) years of age, or older. I have read this document and understand and agree to its contents:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

WHACS: 4/15/25

WHACS: 4/1/25