

Mayfield Heights Adult Softball League

DATE: _____

NAME: _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____

CELL: _____ EMAIL: _____

TEAM NAME: _____ I PLAYED ON THIS TEAM In 2021

I, the above named person who is a candidate for a position on a slow pitch team, hereby give my approval to participate in any and all of the activities of the Mayfield Slow Pitch League. I assume all risks and hazards incidental to the conduct of the activities. I do hereby release, absolve, indemnify and hold harmless the Mayfield Slow Pitch League, the organizers, sponsors and the supervisors, any and all of them. In case of injury to the above named person, I hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I likewise release form responsibility the City of Mayfield Heights. I will furnish a birth certificate of the above named person upon request of the league officials.

Player Signature: _____

Approved: _____

League Director

Date: _____

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