

## **Broken Arrow Girls Softball League – Liability Waiver**

**PERSONAL INSURANCE** - I recognize and understand that my / our personal insurance carrier will be primary, and any insurance carried by Broken Arrow Girls Softball League will be secondary, and that I will be responsible for any deductibles or costs not covered by insurance.

**WAIVER AND RELEASE OF LIABILITY** - I certify that I am a legal parent or guardian of the child that I am registering to play with Broken Arrow Girls Softball League (BAGSL) and that I am authorized to enter into this contract on behalf of all parents or guardians of the child. I acknowledge, agree, and understand that due to the nature of the game of softball which involves known and unknown risks including pitching, throwing, fielding, and catching of the ball; swinging of the bat, balls being tipped (ricocheting) from the bat, running, jumping, sliding, diving, and collisions with other players and with stationary objects that injury or death to my child / ward, to me or to other of my family members may occur. I also acknowledge, agree and understand that hazards incidental to participating in or being a spectator to league and tournament games, practices, practice games, training events and clinics, fundraising activities, parades, ceremonies and other league or team events including travel to and from the events, weather conditions, playing conditions, equipment, involvement with other participants and spectators may cause injury or death to my child / ward, to me or to other members of my family. Further, I agree that in consideration for the right for my child / ward to play as a member of a Broken Arrow Girls Softball League (BAGSL) team and in consideration for permission to join in league or team activities and in further consideration for use of game, practice and concession facilities, I voluntarily elect: (1) to accept and assume all risks of injury incurred or suffered by my child / ward, by me, or other family members due to the nature of the game of softball or to hazards incidental to being a participant or a spectator as described in the previous paragraph, (2) to release, discharge, and agree not to sue the team, league, practice field owners, USA Softball, their umpires, the City of Broken Arrow, the Broken Arrow Public Schools, managers, coaches, BAGSL Board of Directors, or the officers, agents, employees or any person or entity connected therewith 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 my child / ward, by me, or by other members of my family from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct or act of the parties hereby released. (3) I also hereby give permission to USA Softball and BAGSL to use any and all publications that they may desire, all pictures taken of the minor player in the publicizing the game of softball.

**AUTHORIZATION FOR EMERGENCY CARE OF MINOR-REFERENCE TITLE 10 O.S. (1974 SUPP) SECTION 170.1 - I / we the undersigned parent(s) or legal guardian(s) of the minor child, for whom this parents and player contract is executed, do hereby authorize any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any state licensed physician or dentist and hospital service that may be rendered to said minor under the general specific or a special consent of the manager or coaches of the Broken Arrow Girls Softball League (BAGSL) team to which the minor is assigned or has voluntarily joined. The diagnosis or treatment may be rendered at the office of the physician or dentist or at a state-licensed hospital. I / we authorize the physician or dentist to call in any necessary consultants at his / their discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and is given to encourage team managers and coaches, physicians and dentists to exercise their best judgment, in the parents or guardians absence, as to the requirements of such diagnosis or medical or dental or surgical treatment in the best interest of the health and welfare of the minor child. This authorization and consent shall remain effective until December 31 of the signed year unless sooner revoked in writing and delivered to the President, Vice President or Secretary of BAGSL at PO Box 2112, Broken Arrow, OK 74013.**