

Reidland Farley Baseball & Softball Association
1075 Said Rd. Paducah, KY 42003 (270)
898-6575

**ADULT LEAGUE & TOURNAMENT PLAYER
WAIVER**

Team Information Team Name: _____
Sports League: _____
Team Manager: _____ Team Manager Number: _____

Player Information Name (first, last): _____

Date of Birth: _____ Gender (circle one): M F
Phone Number: _____ Email Address: _____
Address, City, State, Zip: _____
Emergency Contact: _____ Phone Number: _____
Emergency Contact: _____ Phone Number: _____

I understand that this event is potentially hazardous, and that I should not enter and participate unless medically able and properly trained. I assume full responsibility for any injury or accident which may occur while traveling to and from the event, during the event, or while on the premises of the event. I am also aware of and assume all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather, traffic and conditions of the road.

I hereby release RFBSA and each of its agents from any liability arising out of my participation in this event. The waiver includes any and all claims, whether caused by negligence or the action or inaction of any of the above parties.

I understand the entry fee is non-refundable and non-transferable. I hereby grant full permission to use any photographs, videotapes, motion pictures, website images, recordings or any other record of the event.

_____ **Date:** _____
Participant's Signature