

Guardian/Parent Liability Permission Wavier

I, _____ (parent name) , the parent of _____ (player name),
DOB is _____ (MM/DD/YYYY) respectfully request that my child be allowed to play
in Billings Softball Association Slow-Pitch Adult program. I fully understand there are certain risks and
hazards involved in participating in softball including, but not limited to those hazards associated with
weather conditions playing conditions, equipment and other participants in addition to the acts of
pitching, throwing, fielding and catching of the ball, the swing of the bat, running, jumping, stretching,
sliding, diving and collisions with other players and stationary objects, all of which can cause serious
injury or death to me or other players. I accept all liability if he/she gets injured or causes injury to other
players.

(Guardian/Parents Signature)