

PITTSBURGH SPIRIT SOFTBALL (2024-2025) PARENT/PLAYER MEDICAL AND LIABILITY RELEASE FORM

I/We, the parents or guardians of: _____ (child/player) acknowledge and fully understand that she will be participating in activities that involve risk of serious injury, permanent disability, or death, which might result not only from the child's own actions, but also from the interactions or negligence of others, the rules of play or the conditions of the premises or of any equipment used. In consideration of the child being allowed to participate in any way in the Pittsburgh Spirit Softball activities (including but not limited to try-outs, practices, scrimmages, clinics, demonstrations, games and tournaments) and all and any related activities, including lodging and travel, I/We and our agents and/or assigns, unconditionally release, waive, discharge, and covenant not to sue, and hereby agree to hold harmless Pittsburgh Spirit Softball, its officers, Board members, agents, coaches, employees, or volunteers of the organization, or any other coach, assistant coach, or person associated with Pittsburgh Spirit Softball, its sponsors and owners, and lessees of the premises used to conduct the event, from any and all liability for any and all claims, demands, losses, or damages on account of injury, including death, or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

I/We also understand that our/my child can be removed from the related activities by the Officers, Directors of the organization or the Team Manager for unsportsmanlike conduct, immoral activity, unethical play, drug or alcohol abuse, and any other activities that are not construed to be in the best interest of the team or any or its players, Pittsburgh Spirit Softball, or the owners/operators of the practice facilities being used. I/We also understand that any and all sign up or player fees, monies from fund-raisers, contributions and any items collected, donated and/or given and received shall not be refundable, and will become a part of Pittsburgh Spirit Softball.

I/We grant permission for the Team Manager or Coach to authorize medical treatment or attention for my child in case of emergency when I/We are not available.

I/We fully understand, hereby consent and give Pittsburgh Spirit permission to do the following on or in the Pittsburgh Spirit Softball and other related websites, promotional materials, publications and social media (Facebook, etc.): (a) personal contact information for the players (including my child) may/will be obtained and displayed or contained therein primarily for use by College Coaches for player recruiting purposes and (b) names, pictures and videos of players (including my child) may/will be displayed or contained therein.

I/We fully understand and accept the terms of this Liability Release, and have had a reasonable opportunity to review this Liability Release. I have full authority to provide this Liability Release on behalf of my child, myself and any other person withstanding to bring suit on my child's behalf; and I/We also intend to be legally bound by it and all of the terms and conditions contained herein.

Parent/Guardian Date _____

Parent/Guardian Date _____