Players Name Name _ Players Address Players Signature _	Please print	-	
	AUTHORIZATION AND RE (Female)	ELEASE FORM	
I	hereby accept responsibility	for participating in a Men	's Adult
Softball League. I cove	enant and agree, that for and in co	onsideration of my particip	ation in such
activities, to Indemnify	and hold harmless the City of A	rlington, its employees, ag	gents, sponsors
and volunteers assisting	g in these activities, from any and	d all damages, claims or lia	ability of any
kind, whatsoever, by re	eason of injury to property or thir	d persons occasioned by a	ny error,
omission or negligent a	act of myself. I further do hereby	expressly release, dischar	ge and hold
harmless the City of A	rlington, its employees, agents, sp	ponsors, and volunteers ass	sisting in these
activities, from any and	d all damages, claims, or liability	of any kind, whatsoever, f	from any injury
or death to myself or d	amage to property, arising or resu	ulting from my participation	on in these
activities.			
	DATED THIS THE	DAY OF	, 20
UMPIRE/SIT	E SUPERVISOR	PLAYER	