

EASTCHESTER RECREATION DEPARTMENT

Individual Insurance Waiver

The undersigned acknowledges that there are inherent risks involved with the game of softball that can result in serious personal or bodily injury up to and including death and accordingly agrees to release the Town of Eastchester, the Town Board, its officers, employees and volunteers from any and all liability arising or resulting from or in connection with participation in the Chester Heights Softball Game on September 7<sup>th</sup>. In addition, the undersigned releases the aforementioned from any suits, claims, demands and legal actions of any nature.

Player Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

**NOTE: Written proof of residency is required.**

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (if player under 18) \_\_\_\_\_ Date: \_\_\_\_\_

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