MASON COUNTY PARKS DEPARTMENT
WAIVER & RELEASE OF ALL CLAIMS

As a participant in recreational activities held at a Mason County Park, I agree to abide by the rules governing Mason County Parks and understand that failure to comply may result in my removal from the facility and curtail further participation in the recreational activity. I recognize and acknowledge that by participating in recreational activities there are certain risks of physical injury. I agree to assume and accept full risk of any injuries, including damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with any event.

I do hereby agree to waive and relinquish all claims I may have against Mason County, Mason County Parks Department, ASA, NSA, USSSA, SSUSA, tournament sponsor and its officers, agents, servants and employees as a result of participation in any event.

I do hereby agree to fully release and discharge Mason County, Mason County Parks Department, ASA, NSA, USSSA, SSUSA, tournament sponsor and its officers, agents, servants and employees from any and all claims for injuries, including damage or loss which I may have or which may accrue to me as a result of participation in any event.

I further agree to indemnify and hold harmless and defend Mason County, Mason County Parks Department, ASA, NSA, USSSA, SSUSA, tournament sponsor and its officers, agents, servants and employees from any and all claims resulting from injuries, including damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

TEAM NAME: _____

MANAGER: _____ PHONE: _____

ADDRESS: _____

	PRINT YOUR NAME	SIGNATURE
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WITNESSED BY: _____ DATE:_____
　　　　　　　　(Tournament Director or Game Umpire)

USE OTHER SIDE IF NECESSARY	RETURN COMPLETED FORM TO TOURNAMENT DIRECTOR

	PRINT YOUR NAME	SIGNATURE
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