



GUEST AND RECIPROCAL PLAYER WAIVER

Name _____

Please Print (LAST NAME, FIRST NAME)

*I understand that as a non-member of the **Sun City West Softball Club**, I agree to legally waive, and release, and discharge any claims for damages for personal injury, death or property which I may have, or which may occur to me, as a result of participation in any activity associated with the **Sun City West Softball Club**. This release is intended to discharge in advance the Governing Board (individually or as a group), and/or individual Club members, from any and all liability arising out of or connected in any way with my participation with the **Sun City West Softball Club**, even though that liability may arise out of negligence or carelessness on the part of the entities named above. It is understood that the activities associated with the Club involve an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons or entities harmless from any loss, liability, damage, cost or expense which may occur as a result of my death or any injury or property damage that I may sustain while participating in any and/or all **Sun City West Softball Club** activities.*

Signature _____ Date _____

Notice to Reciprocal Players: *this waiver will kept on file by the SCW Softball Club until updated or reciprocal play ends. During the time this waiver is on file, the waiver is considered to be in effect.*