



CITY OF BROTHERLY LOVE SOFTBALL LEAGUE PLAYER WAIVER FORM

I, _____, release and discharge the City of Brotherly Love Softball League, its executive committee members, commission members, umpires, City of Philadelphia, Fairmount Park Commission and agents for all injuries and damages incurred while participating in all league functions, events, games, practices, tournaments, outings, and/or banquets. It is understood that this release shall not preclude me from making a claim against the League's accident insurance, which is available to all uninsured players for injuries sustained while playing in league sanctioned games.

It is understood that this waiver applies to injuries as a result of actions of third persons (whether a member of the League or not), the condition of the fields, and/or equipment (whether provided by the League or not). The undersigned player acknowledges that he/she is voluntarily playing and choosing to participate in League games and events.

PRINT NAME

SIGNATURE

ADDRESS

E MAIL ADDRESS

PHONE NUMBER

____ I authorize the City of Brotherly Love Softball League to use my image, photo, and/or name on promotional materials, website, and/or press release. **PLEASE DO NOT INITIAL HERE IF YOU DO NOT AUTHORIZE THESE DISCLOSURES.**

____ I wish to donate to the CBLSL World Series Fund to help CBLSL host the most successful ASANA World Series in August 2011

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|--------------------|--------------------|
| _____ \$5 - \$25 | Base on Balls |
| _____ \$25 - \$50 | Single |
| _____ \$50 - \$100 | Double |
| _____ \$101-\$250 | Triple |
| _____ \$251-\$500 | Home Run |
| _____ \$501-\$1000 | Grand Slam |
| _____ Over \$1000 | World Series Champ |