Hampstead Lions Baseball & Softball Association, Inc.

Adult Waiver/Release

Amateur Athletic Waiver and Release of Liability (read before signing).

In consideration of being allowed to participa	ate as a volunteer in any capacity in
the Hampstead Lions Baseball & Softball Ass program, related events and activities,	ociation, Inc. (HLBSA) athletic sports
,	(print name)
the undersigned acknowledges, appreciates	and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of injury does exist: and,
- 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the nearest official immediately or correct and/or remove the hazard myself: and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Hampstead Lions Baseball & Softball Association, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event "RELEASES", with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without and inducement.

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articipant's Signature		Date							
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