



Express Assumption of Risk Associated with Youth Softball.

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with recreational activities and contact sports, transportation of equipment related to the activities, and traveling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to: 1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that my result in permanent disability and death. 2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment. 3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE DGSA & USSSA, THAT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord. 4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to bare spots, rocks, stumps, debris, fences, posts, walkways, ramps, rails, stairs, padded and non-padded barriers, other persons, and other natural and man-made hazards. 5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles. 6. Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration. 7. Dangers associated with exposure to natural elements include but are not limited to inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions. 8. Accidents or illness occurring in remote places where there are no available medical facilities. 9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident. 10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists. *I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.

Photography/Videography: DGSA and/or USSSA reserves the right to use any photograph or videography taken during any DGSA and/or USSSA sponsored event without the expressed written permission of the subjects included within the photograph or video. Photographs may be used in publications or other media material produced, used or contracted by DGSA and/or USSSA including but not limited to: books, catalogues, search pieces, newspapers, magazines, television, websites, etc. See our website for more information.

Release of Liability, Waiver of Claims and Indemnity Agreement In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that: 1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as Diamond Girls Softball Association and USSSA. 2. To release the releases, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releases or otherwise. By executing this document, I agree to hold the releases harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities. 3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this Agreement. 4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.

Consent for Emergency Medical Treatment In the event of a medical emergency, the Parent(s)/Guardian(s) of the participant(s), hereby grants authorization to DGSA and/or USSSA, and its representatives, to employ any legally licensed physician or health care facility on behalf of each participant, and to direct and/or order emergency medical treatment for the participant(s). Parent(s)/Guardian(s) further agrees that neither DGSA, USSSA nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

Parents Name _____ Signature _____ Date _____