

South Coast Girl's Softball Inc.

167 New Boston Rd
Fairhaven, MA 02719

Acushnet Field Release Form

In consideration of participation in the South Coast Girls Softball League
offered by the South Coast Girls Softball, Inc.,

I, _____ and/or
(father/mother/guardian)

(participant)

hereby assume all risk of personal injury or death or property damage from whatever causes during the conduct of the program and I further will indemnify and save harmless the Town of Acushnet and Acushnet School Committee, their officers, employees and agents from any and all liability or contribution for any liability arising from participation in the program.

Date: _____ Name of participant: _____

Father/Mother/Guardian: _____

Witness: _____

I have health insurance ()

Health Insurance Company: _____

Policy #: _____

I do not have health insurance ()

Anyone without health insurance coverage is not allowed to participate.