ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I _____ hereby assume all of the risks of participating in this Event ("**Showcase**"), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this Showcase.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the Showcase in which I may participate and that it will govern my actions and responsibilities at said Showcase. In consideration of my application and permitting me to participate in this Showcase, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

> (A)I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this Showcase. THE FOLLOWING ENTITIES OR PERSONS: BaseballSoftball*UK*, Great Britain Softball, the British Softball Federation, and/or their staff, coaches, agents, representatives or volunteers.
>
> (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned above from any and all liabilities or claims made as a result of participation in this Showcase, whether caused by negligence or otherwise. I acknowledge that this Showcase may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration.

I consent and agree that BaseballSoftball*UK*, and/or their coaches, agents, representatives or volunteers may take photographs or digital recordings of me as participant during this event and use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I waive any rights, claims or interest and I understand that there will be no financial or other remuneration. I also acknowledge that participation in the Showcase does not guarantee any future involvement in the Great Britain Softball programme, and agree to follow the British Softball Federation's Women's Performance Programme Selection Policy.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

Print Participant's Name and Age _____ ___

Signature (if under 18 years Parent or Guardian must sign) _____

Date _____

GREAT BRITAIN SOFTBALL

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old)

The Undersigned parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the Showcase, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above.

The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect on lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name and Age _____ ___

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Phone Number _____