ASSUMPTION OF RISK
VIRGINIA "CLASS ACTION" SCRAPPERS SOFTBALL CLUB
Release and Healthcare Verification

For: _____

I, _____, agree to indemnify, defend, and hold harmless, the Virginia "Class Action" Scrappers Softball Club (Club) and their officers, agents, employees, and volunteers from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from my participation in the Club, provided that such liability is not attributable to the sole negligence of the Club.

I realize that my participation in this activity involves risks of injury including, but not limited to, tendinitis, strains, sprains, bursitis, fractures, delayed muscle soreness, contusions, abrasions, serious eye damage, and even the possibility of death. Also, I recognize that there are many other risks of injury including serious and disabling injuries, which may arise due to my participation in this activity, and that it is not possible to specifically list each and every individual injury risk. By signing this form, I desire, consent, and voluntarily choose to take part in all such activities. Knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and death is a possibility, I assume all the risks normally incident to the nature of the activities and agree that the Club or any of its officers, agents, employees, or volunteers conducting such activities will not be responsible for any damages or injuries resulting to me.

Furthermore, I also confirm that I have appropriate health care insurance for this activity. My insurance company is _____, and the policy number is _____. Also, I understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and the Club will not be responsible for any related expenses, other than those payable under any Club accidental injury policy that may be in force at the time of the injury.

PARTICIPANT: _____ _____
Name **Signature** **Date**

PARENT/WITNESS: _____ _____
Name **Signature** **Date**