

KANSAS CITY METRO SENIOR SOFTBALL LEAGUE

MEMBERSHIP APPLICATION

Date: _____ Team Affiliation: _____ Conference _____

CHECK APPLICABLE BOX Initial Registration Information Change

(Please Type or Print Legibly)

Name: _____ Birth Year _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Phone: Home ____ / ____ Work ____ / ____ Cell ____ / ____

E-Mail 1 _____ E-Mail 2 _____

Release, Waiver of Liability and Indemnity Agreement

1. I recognize that playing softball exposes me to the risk of injury and failure to use appropriate protective gear exposes me to a greater risk of injury, nevertheless, I hereby agree to assume all risks and in consideration of being allowed to participate in the league and play in its games, I hereby forever release, waive and discharge the following: the Kansas City Metro Senior Softball League, its officers and directors; the Manager and Sponsor of the individual team of which I am a member; all Managers of this league; all parks and recreation departments and other entities owning, operating and maintaining softball fields and other facilities on which league games or other sponsored events are held from all liability for any and all loss or damage, and any claim or damages resulting therefrom, for any injury to my person or property, whether caused by negligence or otherwise. I also agree to indemnify and hold harmless each of them from any loss, liability, damage or cost they may incur as a result of my participation in the league or its games or other activities.

2. I hereby agree to read and abide by the Rules and Regulations of the Kansas City Metro Senior Softball League as contained in the then current edition of its Rules and Regulations Handbook. I further agree that by affixing my signature to this form, I automatically seal my contract with the Kansas City Metro Senior Softball League, the designated team and conference. I agree that if I should sign other contract(s) in violation of the Rules and Regulations of the Kansas City Metro Senior Softball League, without the written consent of the Rules and Regulations Committee, I am subject to suspension.

3. By supplying my e-mail addresses above, I hereby specifically waive any necessity for notice being mailed to me postage prepaid and specifically authorize the League to provide such notice to my e-mail addresses set forth herein above. I also agree to provide any change in my e-mail addresses to the League immediately after such change has been made.

Member's Signature: _____

Manager's Signature: _____

TO PARTICIPATE IN THE KANSAS CITY METRO SENIOR SOFTBALL LEAGUE GAMES,
THE MEMBERSHIP FEE MUST BE PAID AND THIS MEMBERSHIP FORM, ALONG WITH
A COPY OF YOUR AGE VERIFICATION, MUST BE ON FILE WITH THE LEAGUE.

Randy Rowe, President

420 SW Seagull

Lee's Summit, Missouri 64082

816/623-3355

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