

BYRON TOWNSHIP RECREATION
Adult Slow Pitch Softball—Player Add-on Form

Name: _____

Phone: _____ Date of Birth: _____

Team Name: _____ Night: _____

I, in consideration of my participation in the Adult Slow Pitch Leagues through Byron Township Recreation, hereby waive any and all claims for property damage or for injury to myself against Byron Township, Byron Township Employees and the Recreation Department arising in any manner out of my participation, including, but not limited to those injuries arising out of any act, or failure to act, of the officers, agents, and employees of the above entities. I assume the risk of injury in connection with my participation.

X: _____ Date: _____

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