

AMERICAN RIVER GIRLS SOFTBALL ASSOCIATION (ARGSA)

GUEST VOLUNTEER WAIVER AND RELEASE OF LIABILITY

This Volunteer Waiver and Release of Liability is intended to protect American River Girls Softball Association and to inform guest volunteers of the potential risks associated with volunteering.

Guest volunteers are adults who have completed a current-year background check through another organization that meets the requirements for working with youth. Guest volunteers may only volunteer once per league season per ARGSA team. By completing this form, the guest volunteer acknowledges the nature of the activities involved and agrees to the following.

Assumption of Risk

As a guest volunteer I assume all risk. I understand that volunteering involves risks including, but not limited to, personal injury, illness, or property damage. I understand that the very nature of the game of softball is hazardous and risky, creating a risk of injury due to contact with bats, balls, equipment, or uneven or unsafe surfaces due to activities including, but not limited to, pitching, throwing, fielding and catching a ball, the swinging of a bat, and running, jumping, stretching, sliding, diving, tripping, slipping, and collisions with players or with stationary objects, any of which can cause serious injury or death to me or others. I acknowledge that I am participating at my own risk and willingly assume such risks, whether foreseen or unforeseen. I also understand that if I perceive conditions to be unsafe, I can cease participation at any time.

Release of Liability and Indemnification Agreement

To the fullest extent allowed by law, I hereby voluntarily release, waive, discharge, and agree to indemnify and hold harmless the American River Girls Softball Association, including its officers, directors, agents, players, coaches, and volunteers, as well as field owners and operators (collectively, the "Released Parties"), from and against any and all claims, demands, causes of action, damages, losses, expenses, or liabilities of any kind, whether known or unknown, arising out of or in any way related to my participation as a guest volunteer.

In signing below, Guest Volunteer acknowledges that they have read this waiver and release and fully understand its terms, and sign it freely and voluntarily.

Guest Volunteer Name: _____

Date: _____

Signature: _____

Team: _____

ARGSA Team Manager Signature: _____

Medical Treatment Authorization

I authorize emergency first aid, evaluation, treatment, transport, or other medical care deemed necessary if I am injured and unable to make decisions for myself. I understand that this authorization does not create a duty to seek medical treatment for me and that I am responsible for all medical costs incurred as a result of any treatment received. I acknowledge that I am fully aware of any and all risks posed by these volunteer activities and that I have no medical condition that prevents me from engaging in them.

In signing below, Guest Volunteer acknowledges that they have read this medical treatment authorization and fully understand its terms, and sign it freely and voluntarily.

Guest Volunteer Name: _____

Date: _____

Signature: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____