

# West Metro Senior Softball

## Registration – 2018 Spring/Summer/Fall

*(NOTE: Winter "Domeball" registration is done differently. Please send a note via the ["Contact Us"](#) links for the current cost & form!)*

**PLEASE PRINT CLEARLY – ALL INFORMATION REQUIRED (unless you have no email)**

***If you've registered with us before, we only need any NEW information.***

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  Add Me to the Weather Alert Text list!

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: (M/D/YR) \_\_\_\_\_

NAME (or Nickname) ON HAT: \_\_\_\_\_

DAYS YOU WANT TO PLAY: TUESDAY ONLY \_\_\_ THURSDAY ONLY \_\_\_ BOTH \_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

Mail this form, along with a check for \$50.00 (**Payable to West Metro SSB**) to:

*(NOTE: Winter "Domeball" registration is done differently. Please send a note via the ["Contact Us"](#) links for the current cost & form!)*

Bob Hartshorn  
5340 Newton Avenue South  
Minneapolis, MN 55419  
Phone: 612-922-8687  
Email: [bcharts5@gmail.com](mailto:bcharts5@gmail.com)

**WEST METRO SENIOR SOFTBALL  
WAIVER AND RELEASE AGREEMENT**

While playing softball and otherwise participating in and with the West Metro Senior Softball league, I understand that there are various risks, including risks of personal injury, associated with these activities. While engaging in these activities, I voluntarily assume all such risks for my safety and any damages incurred to my personal property. I understand that West Metro Senior Softball has recommended the use of player safety equipment such as mouth guards, facemasks, shin guards, pitching screens, and other protective equipment to help prevent injury.

By signing this document, I release and agree to defend, indemnify and hold harmless West Metro Senior Softball league, its participants, the city of Eden Prairie, Minnesota, the Academy of Holy Angels in Richfield, Minnesota, and each entities' officers, directors, employees, insurers, attorneys, agents, successors, assigns, and any and all affiliated parties and other participants from and against, and waive any and all claims, damages, obligations, causes of action, suits of any kind or nature, now or in the future, on account of bodily or personal injury, illness, death, or damage to or loss of property, including the loss of use thereof, in any way occurring, incident to, arising out of, or in connection with my participation in the West Metro Senior Softball league, even when the loss is caused by the fault or negligence of the indemnitee, to the fullest extent permitted by law.

I also grant to West Metro Senior Softball and their agents, successors and assigns, the absolute right, for as long and as often as they may elect, to copyright or use in any media, my name and/or likeness and/or recorded voice, in whole or in part, for art, advertising, trade or any other lawful purpose whatsoever. This release covers photographs and/or recordings that may be made while I participate in the activities of West Metro Senior Softball.

I waive any right I may have to inspect and/or approve the finished product or other materials produced in connection with this release.

I have read and understand the statements printed above and voluntarily provide my signature below so that I may participate in the activities of the West Metro Senior Softball league. This document will be kept in the files of the West Metro Senior Softball league and copies may be provided to the city of Eden Prairie and to the Academy of Holy Angels. I may request a copy for my personal files, or ask any questions, via email, sent to: [info@mnseniorsoftball.com](mailto:info@mnseniorsoftball.com) or by calling Bob Hartshorn at (612) 922-8687.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_