CAPITAL-CITY CRICKET LEAGUE - CCL



TEAM WAIVER FORM ABSOLUTE WAIVER AND RELEASE OF LIABILITY

TEAM NAME: SEASON: 2019

EACH AND EVERY PARTICIPANT IN THE CAPITAL-CITY CRICKET LEAGUE (CCL) IS REQUIRED TO READ AND SIGN THIS DOCUMENT. SIGNING THIS DOCUMENT SERVES AS PROOF THAT YOU HAVE READ AND ACCEPTED THE TERMS AND CONDITIONS OUTLINED HEREIN. YOUR REFUSAL TO SIGN THIS DOCUMENT WILL PREVENT YOUR PARTICIPATION IN ANY CCL ACTIVITIES.

Under no circumstances will a player be allowed to participate without submission of this waiver form. Participants under the age of 18 are required to submit this waiver form signed by a parent (one or both) or a legal guardian.

In consideration of being allowed to participate in any way in Capital-City Cricket League programs, and related events and activities, I, the undersigned hereby:

- 1. Acknowledge that such activities are potentially hazardous and pose risk of grave injuries that may be significant and can result in permanent disability or death and that I assume such risks.
- 2. Agree to release, hold harmless and not to sue CCL, its Officials, Board of Directors, representatives, committee members and agents on account of any injury or claims of injury to person while participating in or traveling to and from CCL activities. I also agree that signing this form shall also bind my spouse and relatives, to release, hold harmless and not to sue CCL, its officials, Board of Directors, representatives or agents.
- 3. Agree and consent to the use of my name, voice, picture, image, likeness, performance, video and/or motion pictures of myself and/or my property by the Capital-City Cricket League and/or its Officials, Board of Directors, representatives and agents. I hereby grant permission to the Capital-City Cricket League and/or its Officials, Board of Directors, representatives, committee members and agents to use, and/or reproduce my name, voice, picture, image, likeness, performance, video and/or motion pictures of myself and/or my property and that you may distribute and exhibit these throughout the world without charge or restriction. I hereby release the Capital-City Cricket League and/or its Officials, Board of Directors, representatives, committee members and agents from any and all claims for damages based on the use of said name, voice, picture, image, likeness, performance, video and/or motion pictures.
- 4. Acknowledge and accept that automobiles/mode of transportation used in conjunction with CCL activities shall not be covered under the property damage liability insurance provided by CCL. I understand that I am required to carry auto liability insurance as required by the state where the automobile is registered.
- 5. Attest that I am in good physical health and have no existing physical disability, illness or condition of any type that may be aggravated by the physical requirements of participating in CCL activities.
- 6. Acknowledge that I have read and fully understand CCL's by-laws and code of conduct documents. I agree to abide by the laws, rules and regulations as set forth by CCL and accept any disciplinary action that may be handed down by CCL officials pursuant to any behavior on my part that may, at CCL's sole discretion, warrant such an action.
- 7. Understand that the league has a zero tolerance for fighting and further understand that if I should engage in a physical altercation, I will be immediately suspended for the remainder of the league. I also understand that there are no refunds.
- 8. Acknowledge and accept that submission of this form is an integral requirement and pre-condition of participation in any CCL activity.

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9. Applicable to the Team Captain: If there is any participant in my team who participates in the league without signing this document, I will accept responsibility on his or her behalf and abide by above conditions (1-8) in Page-1.

I acknowledge that I am over the age of 18 years, have read this agreement and fully understand its terms, and I will give up substantial rights by signing it. I have signed this waiver form freely and without any inducement or assurance of any nature, and I intend it to be a complete and unconditional release of liability to the maximum extent permitted by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Team Captain:

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	NAME	Home Address	Zip Code	Phone Number	Signature
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Team Name:

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