



Honolulu Makua Ali'i Softball League

Player Waiver, Release of Liability and Indemnification Agreement

I the undersigned player, acknowledge, agree and understand that (1) Voluntary of my own free will, I elect to participate as a member of the softball team indicated below in the Honolulu Makua Ali'i Softball League. (2) I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players including, but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants. (3) I understand that the very nature of the game of softball is hazardous and risky, included, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I the undersigned player, agree that in consideration for the right to play as a member of the softball team below and in consideration for permission to play on the fields arranged for by the team, Honolulu Makua Ali'i Softball League and the City and County of Honolulu, State of Hawaii: (a) I voluntary to accept and assume all risks of injury incurred or suffered by me (i) while practicing or playing as a member of the team so designated, (ii) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (iii) while on or upon the premises of any and all of the fields arranged by the Honolulu Makua Ali'i Senior Softball League and City and County of Honolulu, State of Hawaii for practice play. (b) I release, discharge and agree not to sue the team indicated below or the Honolulu Makua Ali'i Softball League, USA Softball, and/or USA Softball of Hawaii, City and County of Honolulu, State of Hawaii or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, Honolulu Makua Ali'i Softball League, USA Softball, and/or USA Softball of Hawaii, City and County of Honolulu; State of Hawaii for any claim, damages, costs or cause of action which I have or may in the future have as a result of injury or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM:

Signature

Phone Number

Team Name

PLEASE PRINT CLEARLY

FIRST Name: _____

LAST Name: _____

ADDRESS: _____

City: _____ Zip: _____

Date of Birth: ____/____/____

Age: ____

Gender: Male____ Female____

In case of emergency, please contact the following person(s)

Primary Contact:

NAME	RELATIONSHIP	HOME PHONE / CELL PHONE
Secondary Contact:		

NAME	RELATIONSHIP	HOME PHONE / CELL PHONE
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Season Year: 2026-2027