

# Sgt. Gary Morales Softball Tournament

## RELEASE AND WAIVER FORM 2024

All participants are required to assume all risk by signing this general release. I understand that the risks I assume by participating in the Sgt. Gary Morales Softball Tournament include, but are not limited to serious head and other bodily injuries. In consideration of receiving permission to participate in the Sgt. Gary Morales Softball Tournament, I hereby release St. Lucie County, St. Lucie County Hundred Club and all of its directors, employees and volunteers from all liability from personal injury, death or damage of any kind arising from or related to my participation in the Sgt. Gary Morales Softball Tournament. No oral representations, statements or inducements apart from this written wavier have been made. My decision to participate in the Sgt. Gary Morales Softball Tournament is voluntarily assuming all risk or loss, damage, or injury including death that may occur through my participation. I understand by signing this release and waiver, I am giving up the right for myself and/or my family or heirs to sue St. Lucie County, St. Lucie County Hundred Club and all of its directors, employees and volunteers for injuries resulting from my participation in the Sgt. Gary Morales Softball To

Tournament. I agree to abide by all RULES and REGULATIONS governing the Sgt. Gary Morales Softball Tournament. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVIER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT. Tournament date 11/16/2024

Coach/Manager Name/ Print	Signature	Email Address	Shirt Size
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Name of Player/ Print	Signature	Email Address	Shirt Size
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Team Name:			
Coach/Manager phone #:			

**Please email this completed form to Juliana Walker at [100clubslc@gmail.com](mailto:100clubslc@gmail.com)**