

THIS FORM HAS TWO SIDES. FILL OUT BOTH SIDES AND SIGN THIS SIDE.

Vintage Softball Club
of Santa Clara County, Inc
P. O. Box 5945
San Jose, CA 95150-5945



WAIVER

The undersigned hereby applies for membership in the **Vintage Softball Club of Santa Clara County**, a non-profit slow pitch softball club for individuals who are or will be at least 50 years of age in the current calendar year.

PLEASE **PRINT** THE FOLLOWING INFORMATION:

Name _____
.....(Last)(First)(Initial)

In signing this **WAIVER**, I hereby acknowledge that:

1. I agree to follow the precepts of the **HANDBOOK** of the **Vintage Softball Club** of Santa Clara County.
2. I am aware that playing softball involves risks or injury, and I understand that the **Vintage Softball Club** carries no medical insurance.
3. I recognize that playing softball involves strenuous physical activity including running, falling and possible physical contact, and state that I am physically fit and capable of participating in this activity.
4. I willingly assume all risks involved in my participation in softball practices and games, and agree to hold harmless the **Vintage Softball Club** of Santa Clara County, Inc, as well as its officers and members, for any bodily injury or death and/or damage to property including the loss of use thereof, which results or is alleged to have resulted from my participation in any Club-sponsored activity.
5. Members whose applications are received after teams are formed for specific seasons may be placed on a waiting list for team assignments, but may play as a "bucket player" until assigned.
6. It is the policy of the **Vintage Softball Club** to waive the annual dues if payment would be a hardship.

Signature: _____

Date: _____

Complete both sides of this form