

**Mountain Home Parks and Recreation
Adult Softball Program
Player Addition Form**

Team Name: _____

Division: _____

Player Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____

Home Phone: _____

I assume all risks and hazards directly to and incidental to participation in the City of Mountain Home Softball Program. I hereby waive, release, absolve, indemnify and agree to hold harmless the City of Mountain Home, the sponsors, supervisors and participants for any claim arising out of my injury.

Player's Signature: _____

Team Captain's Signature: _____

Fax completed form to (870) 424-7282