



Knox County Parks and Recreation
2447 Sutherland Avenue
Knoxville, TN 37919
Phone: 865.215.6600
Fax: 865.215.6603



Adult Fall Softball Contract 2007

Player's Name: _____

Birth Date: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Having been informed of the organization of the Knox County Adult Softball League to provide supervised softball games for men/women, I do hereby give my approval to the participation in any and all of the activities. I do assume all the risks and hazards incidental to the conduct of the activities, transportation to and from activities, and I/we likewise release, absolve and hold harmless the Knox County Recreation Department, the organizers, sponsors, and the supervisors appointed by them. I likewise release from responsibility any person transporting myself to and from activities. I also understand that the above named participant may not play with another team unless he/she first obtains his/her release from the manager holding this contract. I do hereby agree in signing this contract to abide by the code of ethics of good sportsmanship at these contests. To refrain at all times from harassment of an official or ridicule the efforts of any youngster.

Baseball/Softball insurance has no deductible and it will pay \$50 maximum on dental. This insurance is only a supplemental policy. If you have other insurance you must file it first. Contact the Knox County Parks & Recreation Office for an insurance claim form or obtain one from our website at www.knoxcounty.org/parks

Participant Signature: _____

Team Name: _____ Night to play: _____

League: _____

Coach's Name: _____

Work Phone: _____ Home Phone: _____

Coach's Address: _____