

# DELAWARE VALLEY SYNAGOGUE LEAGUE

## INFORMATIONAL FORM

and

## GENERAL RELEASE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Team: \_\_\_\_\_ Softball Year \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax No. : ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail : \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Pager/Beeper: ( ) \_\_\_\_\_ - \_\_\_\_\_

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## GENERAL LIABILITY RELEASE

and

## MEDICAL RELEASE

I, the undersigned, being a fully competent adult, of sound mind and understanding, and recognizing the possibility of physical injury associated with sports and the playing of softball [the Program], and in consideration for the Delaware Valley Synagogue League accepting me into its Program and activities, as a player and participant in its softball team and in the Delaware Valley Synagogue League, and intending to be legally bound hereby, I do hereby and forever release, discharge and/or otherwise indemnify The Delaware Valley Synagogue League, including all of its associated personnel, members, management and the like, against any and all claims, of whatever nature or kind, that may be made by or on behalf of the undersigned as a result of my participation in these activities and Programs.

The undersigned further warrants and certifies that he is covered by a personal or family medical plan, including hospitalization, which would fully cover, reimburse and/or indemnify the undersigned for any and all injuries which could possibly result from my participation in the said activities and Program hereof. However, in the event that I do incur any medical bills/expenses as a result of my participation in the said activities and Program, then the said medical bills/expenses shall be paid by me as my sole responsibility to do so and, thus, I hereby release, discharge and/or otherwise indemnify The Delaware Valley Synagogue League, including all of its associated personnel, members, management and the like, against any and all such medical claims that may be made by me or on my behalf.

Intending to be legally bound hereby, I so agree, attest, certify and warrant:

BY: \_\_\_\_\_  
Participant/Player

Dated: \_\_\_\_\_