



**RENAISSANCE CITY SOFTBALL LEAGUE  
WAIVER OF LIABILITY FOR MINOR PARTICIPANTS**

**(Read before signing)**

I am not aware of any injury, illness, or other health-related issues that would restrict or limit my child's ability to play competitive adult softball within the Renaissance City Softball League (RCSL).

I agree to assume all risks and expenses due to an injury that may occur as a result of my child's participation within the RCSL.

I agree to hold harmless the Renaissance City Softball League or anyone acting on its behalf either as a coach, coaching assistant, player, or officer in the event of an injury to my child while participating within the league.

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**Printed name of minor child**

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**Printed name of parent/guardian**

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**Parent/Guardian Signature**

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**Date**