## PLAYER PREGNANCY AGREEMENT & LIABILITY WAIVER Western Nevada County Slo-Pitch Softball Association

I, \_\_\_\_\_\_\_, certify that I am currently pregnant, in good health, and that my physician and/or obstetrician is aware of my participation in this sport. I assume and agree to hold harmless WNCSSA, its members, organizers, sponsors and any other person, firm or corporation from any and all claims directly and indirectly resulting from participation in softball play offered under the auspices of WNCSSA. I fully understand the scope of this activity and I voluntarily sign this form.

Team I play on: \_\_\_\_\_

Date\_\_\_\_\_ Signature\_\_\_\_\_