Team Name

30th annual LCP Tournament of Choice July 31st – August 2nd 2015 Prairie Fields, Brush Prairie, WA

INJURY WAIVER

I, the undersigned, agree that if I am injured at the LCP Softball Tournament, I will not hold the Tournament Coordinators, LCP staff, Board of Directors, Officials/Umpires, tournament volunteers, or the Prairie Fields Association responsible in any way. I will carefully examine the playing field before each game to identify any possible hazards that may exist. I agree to be free of any substances that may impair my judgment to make safe decisions while playing in this tournament. I agree to play safely and report potential hazards and unsafe play to the Tournament Coordinators or officials/umpires.

PRINT NAME	SIGNATURE