



**COASTAL BEND COLLEGE**  
**3800 CHARCO ROAD**  
**BEEVILLE, TEXAS 78102**

**PARTICIPANT/ PROGRAM INFORMATION**

(Please print)

Organization: Women's Softball

Sponsor: Oscar Resendez

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

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

Home Phone \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**IN CASE OF AN EMERGENCY CONTACT**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

**SPORTS WAIVER FORM**

I acknowledge that participation in physical activities conducted by the Coastal Bend College may involve strenuous physical exertion which may cause unexpected injuries. To the best of my knowledge I am in good health, and not at risk of disease or injury and am able to participate in any sports or other activity offered at Coastal Bend College. In consideration of the privilege of participating in these activities, I HEREBY AGREE TO IDENTIFY, SAVE AND HOLD HARMLESS COASTAL BEND COLLEGE, ITS SCHOOL OFFICIALS AND TRUSTEES AS WELL AS ITS EMPLOYEES (hereby referred to collectively as "THE COLLEGE") from any and all claims and/or causes of action, liabilities and damages of any and every character, and without regard to the cause thereof, under common law or statute, for injuries or damages resulting from the acts or omissions of the College or any third party, including, but not limited to claims for negligence and/or gross negligence."

I have read and understand the preceding and certify that I am willing to accept the risks inherent in these activities and currently not enrolled in any sanctioned collegiate student athlete program.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature (if under 18 years of age)

\_\_\_\_\_  
Date