

TOP GUN TRYOUT PARENTAL RELEASE

I, _____, hereby give permission for my child whose name appears above, to participate in tryouts for the Top Gun Softball Association 2019-2020 fastpitch travel softball teams. I confirm that my child is physically fit to participate in the activities and that I have medical insurance coverage for my child. I agree to assume responsibility for treatment and payment of any injury, accident or illness that may occur during the tryouts. I also hereby authorize members of the Top Gun coaching staff to render any medical assistance to my child in the event of an accident, injury or illness that may occur during the tryouts.

I hereby agree to release, defend and hold harmless the Top Gun Softball Association, together with its coaches, trustees, officers, successors, agents and assigns Township of Hillsborough from any and all liability arising from injuries, accidents or illnesses which may arise during the tryouts.

Signature of Parent or Guardian: _____

Date: _____