

2014 Louisville Softball College Exposure Waiver Form

I agree to hold Louisville High School, Louisville City Schools, including but not limited to the participants, administration, coaches, advisors, and or chaperones harmless in event of an accident involving my child _____ occurring during the 2014 Louisville Softball College Exposure Clinic held at the Louisville High School Varsity Softball Field (Diamond of Dreams) on Wednesday, July 16, 2014 or on the rain date Thursday, July 17, 2014.

Thank You,
Coach Chet Givens

Parent/Guardian Signature: _____

Date: _____