



**TOWN OF HULL**  
**Park and Recreation Commission**

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253 Atlantic Avenue  
Hull, Massachusetts 02045

781-925-8100  
Fax: 781-925-0224

Women's Softball League

Players Name: \_\_\_\_\_ Paid Check# \_\_\_\_\_ \$40.00

Address: \_\_\_\_\_ Hull resident Y / N

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

E-mail: \_\_\_\_\_

I/We the Player named above as a candidate for a position on a Town of Hull Park and Recreation team/ activity. I/ We do hereby waive, release, absolve indemnify and hold harmless The Town of Hull, The Park and Recreation Department, The Organizers, sponsors, and participants for any and all claims arising to me whether the result of negligence or any other cause.

Players Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to Hull Park and Rec.

Please send to:  
Hull Women's Softball  
c/o Christine Sampson  
277 Atlantic Ave  
Hull, MA 02045