Registration Tenerife 2026
December 4-6

Send the signed form to tenerifeslowpitch@gmail.com

TEAM NAME: _____

CONTACT PERSON: _____

CITY: _____

TEL: _____

EMAIL _____

REPRESENT THE COUNTRY: _____

Tournament Fee:	☐	Men	EUR 380 (includes 6 balls)
	☐	Women	EUR 380 (includes 6 balls)

I confirm that the tournament lasts three (3) days, beginning on Friday and ending on Sunday. I also acknowledge that the third playing field will be located outside of Las Américas.

Every team receives 6 game balls. Only the official 360/ESSC .52/300 balls are allowed: https://www.softballeurope.com/360balls/

Permitted bats: Legal USA Softball and Legal USSSA bats. No senior bats allowed. The use of bats is at the player's own risk.

I confirm that I have read the information about 360 (www.softballeurope.com/about) as well as the tournament payment policy (www.softballeurope.com/tenerife).

A team is only officially registered once the registration form and all pages of the insurance waiver have been signed and the tournament fee has been paid. If payment is not received by the stated deadline, the team's spot will be forfeited.

DATE: _____ _____

NAME AND SIGNATURE OF THE CLUB/TEAM
THE LEGAL REPRESENTATIVE

TEAM INSURANCE WAIVER (1/2)

360 Softball Europe (360) AND AFFILIATED COMPANIES & ORGANISATIONS ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR IN ANY OTHER WAY INVOLVED IN ANY ACTIVITIES FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF 360 OR ITS AGENTS, EMPLOYEES, SPONSORS, VOLUNTEERS.THE OWNERS AND LESSORS OF THE PREMISES AND ALL OTHERS WHO ARE INVOLVED. In consideration of being allowed to participate in any way in the 360 sports program(s), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1) The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) FOR ALL TEAM MEMBERS, SPOUSE OR CHILD, THE CLUB/TEAM KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my or my child's participation; and,

3) The club/team and its members willingly agree to comply with the stated and customary terms and conditions for participation. If anybody observe any unusual significant concern or hazard during the presence, participation and/or child's readiness for participation and/or the program itself, the person will remove itself or child from participation and bring such to the attention of the nearest official immediately; and,

4) The club/team and its members grant 360 Softball Europe (360) and its designees the right to take and use their name, image, likeness, photograph, film and/or video recordings taken in connection with the event. Such material may be used for event-related advertising, promotional, informational, website, social media and publicity purposes of 360. This permission is granted free of charge and is valid for an unlimited period. It may be withdrawn at any time with effect for the future by written notice to 360. The withdrawal shall not affect the lawfulness of any use made prior to such withdrawal. The club/team confirms that all team members, and in the case of minors, their parents or legal guardians, have been informed of this provision and have given their consent. Any objection to the use of individual or close-up images must be communicated to 360 in advance of the event. The club/team waives any claim to compensation and any right to inspect or approve the finished material,

DATE: _____ _____

NAME AND SIGNATURE OF THE CLUB/TEAM
THE LEGAL REPRESENTATIVE

TEAM INSURANCE WAIVER (2/2)

5) The club/team and its members, for my team members, my spouse, my child, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE 360, their officers, volunteers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law,

6) The club/team and its members understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Austria. And agree that if any portion is held invalid the remainder of the waiver will continue in full legal force and effect. The club/team further agrees that the venue for any legal proceeding shall be in Austria.

7) I, as a club/team, understand that I am aware that the use of ASA (USA Softball) bats with USSSA balls is at my own risk.

I AS A CLUB/TEAM HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. PARENT/GUARDIAN OF PARTICIPANTS OF MINORITY AGE **(UNDER AGE 18 AT THE TIME OF REGISTRATION)**. This is to certify that I as a club/team, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE. I as a club/team understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

The club/team is responsible to inform all team members about the insurance waiver.

DATE: _____ _____

NAME AND SIGNATURE OF THE CLUB/TEAM
THE LEGAL REPRESENTATIVE