

EACH PLAYER AND MANAGER MUST READ AND UNDERSTAND THIS RELEASE OF LIABILITY WAIVER BEFORE SIGNING THE ROSTER.

I, THE UNDERSIGNED PLAYER, ACKNOWLEDGE, AGREE AND UNDERSTAND THAT:

1. Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated below.

2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with equipment, other participants, weather conditions and playing conditions.

3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death.

4. I understand that the very nature of the game of softball is hazardous and risky, including but not limited to the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, sliding, stretching, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the fields arranged for by the team or league:

A. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated; (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.

B. I release, discharge and agree not to sue the team and league designated above, the City of Portage, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.



**2014 CITY OF PORTAGE / AMATEUR SOFTBALL ASSOCIATION
RELEASE OF LIABILITY WAIVER**



NON-RESIDENT TEAM ROSTER

Team Information

Preferred Night of Play _____ Alternate _____
 Recreational League? Yes No
 (Beginner / Intermediate—plays for fun, 2 HR's per gender)
 Competitive League? Yes No
 (Intermediate / Advanced—plays for competition, 3 HR's per gender)

OFFICE USE ONLY

N/R TEAM FEE: \$680.00	RETURNING TEAM <input type="checkbox"/> NEW TEAM <input type="checkbox"/>
DATE:	DAY:
INVOICE #	LEAGUE:

All managers and players are required to comply with all league rules and regulations including league alcohol, individual conduct, and litter cleanup policies as stated in 2014 written communications.

2014 Team Name _____

Team Manager: _____

Manager's St. Address: _____

Manager's City, Zip: _____

Home Phone: _____

Work/Cell Phone _____

Manager E-mail: _____

As manager, I verify that the player information listed below is correct, and I fully understand the consequences of falsified information.

Manager's Signature: _____ Date: _____

Team Captain: _____ Home Phone: _____ Work/Cell Phone: _____

**Release of Liability Waiver - I acknowledge that I have read and that I understand each and every provision in this Release of Liability Waiver and I agree to abide by them.*

	NAME OF PLAYER (please print)	*PLAYER SIGNATURE	HOME ADDRESS	CITY/ZIP	PHONE	D.O.B.	DATE SIGNED
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