



20 MINNESOTA ASA/USA SOFTBALL WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND YOUTH ROSTER FORM

TEAM NAME:

DIVISION: BFP BSP GFP GSP

LEAGUE:

CLASS: GOLD A B C D REC

MANAGER NAME:

AGE: 8U 10U 12U 14U 16U 18U

E-MAIL:

PHONE: **CITY:** **ZIP:**

PLAYER STATEMENT Each player shall read the following statements before signing the roster. I am a member in good standing of the above team and I am eligible under ASA and Minnesota Softball eligibility rules. I understand that I may participate in only one ASA and Minnesota Softball post-season tournament in the same division of play and my signature may appear on only one post-season tournament roster submitted at the tournament site in the same division of play. **HOLD HARMLESS WAIVER OF LIABILITY:** 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 team and sports community indicated above. 2. I understand that there are certain risks and hazards involved in participating that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. 3. I understand that the very nature of participatory sports is hazardous and risky, including, but not limited to, swinging, running, jumping, sliding, 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 above and in consideration for permission to play on the playing areas arranged for by the team or league: 1. 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 both players on my team, and (c) while on or upon the premises of any and all of the facilities arranged for by my team or league for practice or play. 2. I release, discharge and agree not to sue the team and league designated above, the facility owner or other entity designated above, the Amateur Softball Association and Minnesota Softball, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, playing area or Amateur Softball Association and Minnesota Softball 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, or each of contract or wrongful conduct of the parties hereby released.

NO	AGE	PRINT OR TYPE NAME	PLAYER'S SIGNATURE Or parents signature if not an adult	CITY	STATE	ZIP	E-MAIL ADDRESS	BIRTHDATE (mm/dd/yy)
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Manager Signature:

League Director Signature: