



# CASWELL SPORTS AND USA SOFTBALL PLAYER WAIVER, RELEASE OF LIABILITY INDEMNIFICATION AGREEMENT & ROSTER FORM



TEAM INFORMATION	
Team Name:	
Division:	
Class:	

COACH INFORMATION	
Coach Name:	
Coach E-Mail:	
Coach Cell Phone:	
Coach Signature:	

**EACH PLAYER/PARENT/GUARDIAN 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 local sports community and Caswell Sports AND USA Softball eligibility rules to compete with this team in local sports community and Caswell Sports AND USA Softball tournament play. I understand that I may participate in only one Caswell Sports AND USA Softball post-season tournament in the same division of play and my signature may appear on only one post-season tournament roster in the same division of play. I agree to abide by the rules and regulations established for local sports community and Caswell Sports AND USA Softball play.

**HOLD HARMLESS WAIVER OF LIABILITY:** I, the undersigned player, acknowledge, agree and understand that: 1. I elect to participate as a member of the softball team and league indicated above, voluntarily and of my own free will. 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 weather conditions, playing conditions, equipment and other participants. 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 of the ball, the swinging of the bat, running, jumping, stretching, sliding, 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 above and in consideration for permission to play on the fields 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 fields 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 field owner or other entity designated above, the Caswell Sports and USA Softball, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Caswell Sports and USA 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, breach of contract or wrongful conduct of the parties hereby released.

TEAM NAME
DIVISION
CLASS

**CASWELL SPORTS LEAGUE TEAM ROSTER** (add additional sheets as needed. NOTE: Teams wishing to participate in official State or National ASA-Sanctioned tournaments MUST ALSO register their team online and complete an online roster with <https://slowpitch.mnsoftball.com/home>)

NO.	PLAYER NAME	DOB	PHONE	EMAIL	PLAYER OR GUARDIAN SIGNATURE
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