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|---|-----------------|
| <b>NORTH AMERICAN FASTPITCH ASSOCIATION</b>   |                 |
| Division: AA <input type="checkbox"/> A-Major <input type="checkbox"/> A <input type="checkbox"/> 23U <input type="checkbox"/> Rec <input type="checkbox"/> |                 |
| Team Name:  | City, St or PR: |



|                        |  |
|------------------------|--|
| <b>OFFICIAL ROSTER</b> |  |
| Sanction Form #        |  |
| Date:                  |  |

|     | Print or Type Player's Name | Jersey Number | Pitcher (Yes) | Player's Signature | Email Address | City | State | Cell Phone |
|-----|-----------------------------|---------------|---------------|--------------------|---------------|------|-------|------------|
| 1.  |                             |               |               |                    |               |      |       |            |
| 2.  |                             |               |               |                    |               |      |       |            |
| 3.  |                             |               |               |                    |               |      |       |            |
| 4.  |                             |               |               |                    |               |      |       |            |
| 5.  |                             |               |               |                    |               |      |       |            |
| 6.  |                             |               |               |                    |               |      |       |            |
| 7.  |                             |               |               |                    |               |      |       |            |
| 8.  |                             |               |               |                    |               |      |       |            |
| 9.  |                             |               |               |                    |               |      |       |            |
| 10. |                             |               |               |                    |               |      |       |            |
| 11. |                             |               |               |                    |               |      |       |            |
| 12. |                             |               |               |                    |               |      |       |            |
| 13. |                             |               |               |                    |               |      |       |            |
| 14. |                             |               |               |                    |               |      |       |            |
| 15. |                             |               |               |                    |               |      |       |            |
| 16. |                             |               |               |                    |               |      |       |            |
| 17. |                             |               |               |                    |               |      |       |            |
| 18. |                             |               |               |                    |               |      |       |            |

**Participants Waiver of Liability:** (For purposes of this waiver, the term "NAFA, Inc." shall be understood to include any and all event holders, sponsors and organizers associated with a NAFA event.) In consideration of being permitted to participate in the NAFA, I hereby agree for myself, successors, heirs and assigns, hereby release, waive and forever discharge NAFA, Inc., their employees, volunteers, officers and directors from all claims, causes of action or judgments of any kind I might have or claim against NAFA, Inc., their employees, volunteers, officers and directors for all personal injuries, including death, paralysis, broken bones, sprains, contusions and any and all other injuries to my person or property, real or personal, caused by or arising out of my participation in any NAFA sanctioned league or tournament and any associated activities and/or caused by the negligent conduct of NAFA, Inc., their employees, volunteers, officers and directors. I further agree for myself, successor, heirs and assigns to indemnify and hold NAFA, Inc., their employees, volunteers, officers and directors harmless from all claims and suits for personal injuries, including death, damages to property caused by my acts or omissions arising out of my participation in the NAFA and from all judgments recovered and from all expenses incurred in defending any such claims or suits. By signing this roster/waiver, I hereby affirm and attest that I am at least 18 years old, in good physical health, that I understand and voluntarily assume all risks inherent in fast pitch softball including death, paralysis, broken bones, loss of future income and any and all medical expenses resulting from the negligence of NAFA, Inc., their employees, volunteers, officers and directors. I have had an opportunity to read this form and ask any questions I feel necessary to completely understand my rights. By signing this roster/waiver, I hereby purposefully avail myself of any and all trial, administrative and/or appellate courts and hereby agree to bring any and all disputes whatsoever, including any negligence claims, rules or sanctioning disputes, and any and all other disputes, actions or claims, excluding those against the event holders, sponsors and organizers which are not affiliated with NAFA, Inc., to binding arbitration through the Athletic Dispute Resolution Service ("ADRS") with the ADRS arbitrator(s) having full right to issue any and all appropriate awards, judgments and/or rulings. I further agree that I will not challenge any such ADRS arbitration ruling in any court of law. Copies of the ADRS rules and process are available from the NAFA office.

**Team Managers Affidavit:** I, the team manager, have read the waiver of claims and have explained the waiver to all of my players.

|                                      |             |        |
|--------------------------------------|-------------|--------|
| Manager's Name:                      | Signature:  |        |
| Address – City, State/Province, Zip: |             |        |
| Cell:                                | Work Phone: | Email: |