NORTH AMERICAN FASTPITCH ASSOCIATION									
Master's Age Group:	70 🗆	65 □	60 □	55 □	50 □	45 □	40 □	35 □	
Team Name:						City, PR:	St or		



OFFICIAL ROSTER					
Sanction Form #					
Date:					

	Print or Type Player's Name	Jersey Number	Pitcher (Yes)	Date of Birth	Player's Signature	City	State	Cell Phone
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
Three players who are up to 3 years too young - use the shaded boxes. If there are none, additional players can be entered								
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 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 claim

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:			