

Team Name _____
 Address _____
 Home Phone _____
 Email Address _____

Coach/Manager _____
 City _____
 State _____ Zip _____
 Cell Phone _____
 USSSA Registration Number _____

Program Men's Women's Co-Ed Corporate Church Other



*MAXIMUM 20 PLAYERS

	PRINT NAME	BIRTHDATE MM/DD/YY	SIGNATURE
1			
2			
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22*			
23*			
24*			
25*			

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
 In consideration of being allowed to participate in any way in the USSSA / MDSL athletic / sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:
 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASES OR OTHERS, and assume full responsibility for my participation; and,
 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE USSSA / MDSL their officers, officials, agents and / or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.
 5. I, for myself and on my behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS ALL THE ABOVE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO MY INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS, EVEN IF ARISING FROM THEIR NEGLIGENCE.
 6. I am aware that MDSL does not have medical / health insurance and that I assume all risks due to injury on and off the field, during games, and any MDSL activities that I may attend.
 I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Team Manager Affidavit: This is to certify that this roster does not include any assumed names and that each player conforms to the eligibility rules governing USSSA/MDSL softball Date _____ Manager's Signature _____