

WAVERLY SOFTBALL ASSOCIATION (WSA) ROSTER FORM
WSA PLAYER WAIVER, RELEASE OF LIABILITY/INDEMNIFICATION AGREEMENT

Please print and complete all entries below.

Team Name _____

Team Manager _____

Address _____

City _____ State _____ Zip _____

Phone H _____ W _____

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 softball team and league. 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 WSA 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 WSA, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or WSL/ASA 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.

	PRINT NAME	PLAYER/GAURDIAN'S SIGNATURE	ADDRESS
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Roster is limited to a maximum of 18 players. Players may only be listed on one roster.

Statement of Team Manager: I hereby certify that each player appearing on this form qualifies under the eligibility rules which govern our local sports community play. I understand that violation of the eligibility rules can result in automatic forfeit of game and disqualification from WSA play.

Team Managers Signature _____

Date _____