



# ASA ♦ USA-MSF PLAYER WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT AND OFFICIAL TEAM ROSTER

Year \_\_\_\_\_

PRINT OR TYPE LEGIBLY--PRESS HARD YOU ARE MAKING THREE COPIES

Post Season Tournament Team #: 1 2 3 4 5 6 7 8 Other \_\_\_\_\_ (assigned and circled by league director)

Sports Community Bemidji District \_\_\_\_\_ League \_\_\_\_\_ Division \_\_\_\_\_ (see division code box)

Team Name Arro Surveying Class: Open/Major A B CC C DD D EE E (circle one)

Team Manager Kate Moll Phone H (218) 796-4568 W (218) 280-3200

Address PO Box 84 City Orlee State MN Zip 56742

**★ TEAM COACH CHECKLIST FOR TOURNAMENT PLAY ★**

- Signatures of all players must be on this official tournament roster
- All players must have a Minnesota driver's license I.D., bordering state driver's license, military picture I.D. or company picture I.D.

All of the above requirements must be met at team check-in and throughout tournament play.

DIVISION CODE BOX		MS35	Men's (35 + Over) Slowpitch
MSF	Men's Slowpitch	MS50	Men's (50 + Over) Slowpitch
WSF	Women's Slowpitch	WS30	Women's (30 + Over) Slowpitch
MSP	Men's Industrial Slowpitch	MFP	Men's Fastpitch
WSP	Women's Industrial Slowpitch	WTF	Women's Fastpitch
CRSF	Co-Rec Slowpitch 11"/12"	MF40	Men's (40 + Over) Fastpitch
CR11	Co-Rec Slowpitch 12"/14"	MF23	Men's (23 + Under) Fastpitch
MS35	Men's (35 + Over) Slowpitch	WF23	Women's (23 + Under) Fastpitch
MS40	Men's (40 + Over) Slowpitch	MMF	Men's Modified Pitch
MS45	Men's (45 + Over) Slowpitch	WMF	Women's Modified Pitch
MS50	Men's (50 + Over) Slowpitch	MM30	Men's (30 + Over) Modified Pitch

**PLAYER STATEMENT** Each player 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 ASA u USA-MSF eligibility rules to compete with this team in local sports community and ASA u USA-MSF tournament play. I understand that I may participate in only one ASA u USA-MSF 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. For the definition of "divisions of play" please see the applicable ASA u USA-MSF Sports Guide. I agree to abide by the rules and regulations established for local sports community and ASA u USA-MSF play.

**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 indicated above. 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 fieldowner or other entity designated above, the Amateur Softball Association of America-Minnesota Sports Federation, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America-Minnesota Sports Federation 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 OR TYPE NAME	PLAYER'S SIGNATURE	RESIDENCE ADDRESS	CITY	STATE	ZIP	3 IF NON RESIDENT	TELEPHONE NUMBERS	EMPLOYER (Only if using work eligibility)	PARENTS SIGNATURE (MINORS ONLY)	BIRTHDATE		
										M	D	Y
1. Kate Moll	<i>Kate Moll</i>											
2. Helen Johnson	<i>Helen Johnson</i>											
3. Nina Davis	<i>Nina Davis</i>											
4. Kris Sather	<i>Kris Sather</i>											
5. Mary Kemm	<i>Mary Kemm</i>											
6. Paula Byklum	<i>Paula Byklum</i>											
7. Darlene Rowe	<i>Darlene Rowe</i>											
8. Diane Anderson	<i>Diane Anderson</i>											
9. Codi VKen	<i>Codi VKen</i>											
10. Mandy Caspers	<i>Mandy Caspers</i>											
11. Jennifer Bork	<i>Jennifer Bork</i>											
12. Jennifer Bork	<i>Jennifer Bork</i>											
13. Amy Christensen	<i>Amy Christensen</i>											
14. Angela Patzell	<i>Angela Patzell</i>											
15.												
16.												
17.												
18.												
19.												
20.												

Statement of Team Manager and League Director: We hereby verify that each player appears outlined in the ASA u USA-MSF program guide. We understand that a violation of ASA u USA-MSF result in the probation and/or suspension of our sports community from future ASA-MSF participatio

*Kate Moll*  
Team Manager's Signature

Team Manager return all three copies to your league dire

**MUST MATCH REGULARS!**