

ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM



20 ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER

Team Name MILLER LIFE City & State _____

Division & Classification of Championship Play
(men/women/boys/girls, slow pitch/fast pitch, 14-under, church, etc.)

- 1) Each player should read the statement on opposite side before completing and signing this roster.
- 2) Parents/Guardians signature should be on the same numbered line below as the players' name.
- 3) Players are subject to the ASA Drug Control Procedures and Policies as provided in the ASA Code.

NOTE: Team accident insurance is not provided for ASA National Championship play. ASA has made available the voluntary purchase of team accident insurance. See your ASA commissioner for information.

*By initialing in the column below, you acknowledge you have read and understand the liability waiver and player affidavit information on the reverse side.

PRINT OR TYPE PLAYER'S NAME	DATE OF BIRTH	PLAYER or PARENT/GUARDIAN SIGNATURE	BONAFIDE RESIDENCE (Street, City, State, Zip)	EMAIL ADDRESS (optional)	INITIALS*
1. Shane Buenteimer					
2. Chad Lindley					
3. Pete McKenzie					
4. Justin Gilge					
5. Scott Wherley					
6. Aaron Jorgensen					
7. Robert Hillman					
8. Pat Wherley					
9. Brett Carsella					
10. Dan Schaubhut					
11. Mike Piecard					
12. Matt Swartz					
13. Scott Fahey					
14. Dalton Lindley					
15. Garrett Berg					
16. Matthew Jorgensen					
17.					
18.					
19.					
20.					