

20 USA SOFTBALL MINNESOTA WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND ADULT ROSTER FORM



TEAM NAME: Chiefs AGE: ADULT  OVER 23  OVER 35  OVER 40  OVER 45  OVER 50   
 LEAGUE: \_\_\_\_\_ CLASS: SUPER  A  B  C  D  E   
 MANAGER NAME: Bruce Stillday Jr. DIVISION: CESP  CSP  MFP  MMP  MSP  WFP  WSP   
 E-MAIL: \_\_\_\_\_ PHONE: 554-9495 CITY: Panama ZIP: 56066

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 USA Softball Minnesota eligibility rules. I understand that I may participate in only one USA Softball Minnesota post-season tournament in the same division of play and my signature may appear on only one post-season tournament roster submitted at the tournament site in the same division of 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 team and sports community indicated above. 2. I understand that there are certain risks and hazards involved in participating 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 the very nature of participatory sports is hazardous and risky, including, but not limited to, swinging, 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 playing areas 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 facilities 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 facility owner or other entity designated above, the USA Softball Minnesota, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, playing area or USA Softball Minnesota 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.

NO.	PR	PRINT OR TYPE NAME	ADULT PLAYER OR PARENT/GUARDIAN SIGNATURE	CITY	STATE	ZIP CODE	E-MAIL ADDRESS	BIRTHDATE (mm/gd/yy)
1.		Justin Barrett	[Signature]					
2.		Alvin Brown	[Signature]					
3.		Kyle Gordon	[Signature]					
4.		Shawn Oakgrove	[Signature]					
5.		Darrin (Bin) Brown	[Signature]					
6.		[Signature]	[Signature]					
7.		Wayne [Signature]	David Jackson					
8.		Mathaniel Kingbird	mathaniel Kingbird					
9.		BARRY OAKGROVE	[Signature]					
10.		Todd Stillday	Todd Stillday					
11.		Matthew Johnson	[Signature]					
12.		Rad Spea	[Signature]					
13.		Bruce Stillday Jr.	[Signature]					
14.								
15.								
16.								
17.								
18.								
19.								
20.								

The only person that should sign under League Director Signature is a USA Softball Minnesota League Director. Anyone signing other than a league director will result in immediate suspension for the team pending a hearing.

Manager Signature: [Signature] League Director Signature: \_\_\_\_\_