

NATIONAL OFFICE COPY

ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION

I, the undersigned player or the parent or legal guardian of a minor player named below, 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 below. 2.) I understand that there are certain risks and hazards involved in participating in softball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition 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 agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1.) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, 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 or observer during practices or play by other teams or by other 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.

20. ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER

Year _____ Team Name _____ City & State _____
 Division & Classification of Championship Play _____
 (www.asasoftball.com/player.htm; 16 under; club, etc.)

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

PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	INITIALS	DATE	BOONARD RESIDENCE (Street, City, State, Zip)	DATE OF BIRTH	PARENT'S/GUARDIAN SIGNATURE	DATE	RELATIONSHIP
1.								
2.								
3.								
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12.								
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14.								
15.								
16.								
17.								
18.								
(19.)								
(20.)								

MINORS ONLY

ALL OF THE INFORMATION ON THIS ROSTER IS CORRECT TO THE BEST OF MY KNOWLEDGE
 COMMISSIONER STATEMENT

Signature of Softball Commissioner _____
 Softball Association & Region Number _____
 Division & Classification of Championship Play _____

I am the manager of the above mentioned team and, after being first duly sworn, depose and say that all of the information supplied above is correct to the best of my knowledge and that any team in the championship play of the ASA and agree to be bound by the rules of ASA.

Manager's Name (Print) _____
 Manager's Signature _____
 Manager's Address (Print) _____