

# ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM



I, the undersigned player of 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 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 practice or play by other teams or by other players on my team, and (c) while on or upon the premise 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/or league designated below or any owner or leasee of fields on which softball is played or practiced by my team or the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or the Amateur Softball Association of America for any claim, damages, cost 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 these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

**\*PLAYER MUST INITIAL AFTER SIGNATURE**

## 20 ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER

Year \_\_\_\_\_ Team Name \_\_\_\_\_ City & State \_\_\_\_\_ Division & Classification of Championship Play (men/women/boys/girls; slow pitch/fast pitch; 18-under; church, etc.) \_\_\_\_\_

- 1) Each player should read the statement on Page 2 before completing and signing this roster
- 2) Parents/Guardians signature should be on the same numbered line below as players' signature
- 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 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	BONAFIDE RESIDENCE (Street, City, State, Zip)	DATE OF BIRTH	PARENTS/GUARDIAN SIGNATURE	DATE	RELATIONSHIP
1.						1.		
2.						2.		
3.						3.		
4.						4.		
5.						5.		
6.						6.		
7.						7.		
8.						8.		
9.						9.		
10.						10.		
11.						11.		
12.						12.		
13.						13.		
14.						14.		
15.						15.		
16.						16.		
17.						17.		
18.						18.		
19.						19.		
20.						20.		

MINORS ONLY

**COMMISSIONER STATEMENT**

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

Signature of State/metro commissioner

State/Metro Association & Region Number

Signature of Deputy/District Commissioner

Signature of Tournament Director (if applicable)

**TEAM MANAGER'S AFFIDAVIT**

I am the manager of the above mentioned team and, after being first duly sworn, depose and say that all the information supplied above is correct to the best of my knowledge and that all the players signed the above in their handwriting and they are eligible to compete with my team in the championship play of the ASA and agree to be bound by the rules of ASA as contained in the ASA Code.

Manager's Name (Print) \_\_\_\_\_

Manager's Signature \_\_\_\_\_

Manager's Address (Print) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_