

MANAGER INFORMATION:

NAME _____
ADDRESS _____
CITY _____ ST _____ ZIP _____

Signature of Manager/Coach _____ Name (Print) _____
Cell # _____ Evening # _____ E-mail _____ City _____ St _____ Zip _____
Cell phone provider _____

District Commissioner's Signature for approval _____

OFFICIAL SOFTBALL PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

By my signature as player, acknowledge, agree and understand that:

Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated on reverse page. I understand that there are certain risks and hazards associated with weather conditions, playing conditions, equipment and other participants.

I understand that sliding into bases is dangerous to me and to other players and may result in serious injury or death.

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, catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects of which can cause serious injury or death to me and other players.

Further, I, by my signature as player, agree that in consideration for the right to play as a member of the team designated on the reverse page and in consideration for permission to play on the fields arranged 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.
 - (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team'
 - (c) while on or upon the premises of all of the fields arranged for by my team for practice or play.

- 2) I release, discharge and agree not to sue the team, league and sponsor, the field owners or other entity, the Amateur Softball Association or America or their owners, officers, agents, servants, associations, employees, or any person or entity connected with this team, league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future as a result of injuries of damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract, wrongful conduct of the parties hereby released.

WEST HAVEN ADULT SOFTBALL ASSOCIATION

OFFICIAL ADULT SOFTBALL PLAYER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

Team Name: _____
 League Day/ Div. _____
 Manager's Name: _____
 Address: _____

ENTRY FEE: \$ _____
 NON-RESIDENT: _____

I ACKNOWLEDGE THAT I HAVE READ THAT I UNDERSTAND EACH AND EVERYONE OF THE PROVISIONS ON THE BACK OF THIS PAGE NAMED "WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AND AGREE TO ABIDE BY THEM. *NON-RESIDENTS

PLEASE TYPE OR PRINT

	PLAYERS NAME (PRINT)	SIGNATURE	BIRTHDATE	DATE	EMAIL OR BONAFIDE RESIDENCE	HOME PHONE	WORK PHONE
1*							
2*							
3*							
4*							
5*							
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