

2019 WAUSAU AREA SOFTBALL ASSOCIATION OFFICIAL ROSTER, WAIVER, & RELEASE FORM

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 the ball, 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 practice 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 for practice or play. (2) I release, discharge, and agree not to sue the team and/or league designated below, W.A.S.A., or any owner or lessee of fields on which softball is played or practiced by my team or the Amateur Softball Association of America or their owners, USA Softball or their owners, officers, agents, servants, associations, employees or any other person or entity connected with the team, W.A.S.A., league, field or the Amateur Softball Association of America or USA Softball, 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. I further agree that I hold harmless and fully indemnify the parties hereby from any claims, damages, costs including attorney fees, and cause of action which may rise 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.

Team Name:				Manager:	Address:	Cell Phone:
Division	Men's FP SP	Women's FP SP	Co-ed	Email:		
Grandmasters						

	Print Player's Name	Player's Signature	Date	Street Address, City, State, Zip	D.O.B.	Parent/Guardian Signature, Relationship, Date
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