

# IDAHO AMATEUR SOFTBALL ASSOCIATION

YEAR \_\_\_\_\_ ASA DIST.# \_\_\_\_\_

DIV. \_\_\_\_\_ CLASS \_\_\_\_\_

LEAGUE \_\_\_\_\_

CITY \_\_\_\_\_

FIELDOWNER \_\_\_\_\_

TEAM NAME \_\_\_\_\_

MANAGERS NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

## PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

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 softball team and league indicated above.
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players.
3. I release, discharge and agree not to sue the team, umpires, fieldowners and/or Amateur Softball Association.

*PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION*

PLAYER NAME	ADDRESS / ZIP	PHONE	PLAYER SIGNATURE
1.			
2.			
3.			
4.			
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20.			

**ADDITIONS OR DELETIONS TO THIS ROSTER MUST BE FILED ON PROPER FORM NO LATER THAN JULY 1 OR PARTICIPATING**

MANAGER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

COMMISSIONER SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_

DATE \_\_\_\_\_

