

City of Idaho Falls Parks and Recreation / USA Softball

Men's Roster / Waiver

TEAM NAME _____

Division (circle one): A (6-10 wins) B (5-or less wins)

MANAGERS NAME _____

ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____ PHONE (txt) _____

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, field owners and/or City of Idaho Falls and USA Softball.

PLAYER NAME	ADDRESS / ZIP	PHONE	PLAYER SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

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 _____