

# OFFICIAL SOFTBALL ROSTER

## LIABILITY WAIVER

I, the signed player or the parent or legal guardian of a minor player named on this roster, 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 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.

In addition, the signed acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including several cases in the signed's own State and locality. The signed hereby agrees, represents, and warrants that neither the signed nor such participating children shall participate in, visit or utilize the facilities, services, and/or programs of the Organization if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough, loss of sense of taste or smell, or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The signed further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the Organization, social distancing of 6 feet per person and their fellow participants or others is not always possible.

The signed fully understands and appreciates both the known and potential dangers of participating in the programs and/or using the facilities and services of the Organization and acknowledges that use thereof by the signed and/or such participating children may, despite the Organization's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

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 USA Softball of Montana, their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, league, field or USA Softball 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.

### TEAM MANAGER'S AFFIDAVIT

I am the manager of the above mentioned team and say that all the information supplied above is correct to the best of my knowledge and that all the players or parents (guardian) signed the above in their handwriting.

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

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

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

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

USA SOFTBALL COMMISSIONER STATEMENT: All of the information on this form is correct to the best of my knowledge.

Signature of USA Softball Local Association Commissioner or designee

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# USA SOFTBALL OF MONTANA/LOCAL ORGANIZATION WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION



## 20 \_\_\_\_\_ OFFICIAL SOFTBALL 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 adult player should read the statement on opposite side before completing and signing this roster
- 2) Parents/Guardians signature should be on the same numbered line below as the players' name.
- 3) Players are subject to the USA Softball Drug Control Procedures and Policies as provided in the USA Softball Code

**\*By initialing in the column below, you acknowledge you have read and understand**

PR	PRINT OR TYPE PLAYER'S NAME	DATE OF BIRTH	ADULT PLAYER OR PARENT/GUARDIAN SIGNATURE	BONAFIDE RESIDENCE (Street, City, State, Zip)	E-MAIL ADDRESS (Optional)	INITIALS*
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
	16.					
	17.					
	18.					
	19.					
	20.					