



P.H.C.S.A. LEAGUE ROSTER & LIABILITY WAIVER



Team Name: _____ League: _____

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 agree that in consideration for 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 premise 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 or any owner or leasee of fields on which softball is played or practiced by my team or USA Softball, 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.

PLAYER AFFIDAVIT

EACH PLAYER SHOULD READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING INVERSE PAGE. I have received USA Softball's Official Rules of Softball and I understand and agree to be bound by the rules of USA Softball. I am a member in good standing of this softball team and I am eligible to compete with this team in the Championship Play of USA Softball. I understand that I may play on only one team within a division during the season in USA Softball Championship Play and this is the team which I have elected to play for this season. I understand and agree that USA Softball has the right to take permanent possession of a bat that has been determined to be altered. In consideration of my being permitted to compete, I hereby give permission to USA Softball and its local associations to use in any and all publications that they may desire, all pictures taken of the undersigned in their publicizing the game of softball I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

PARENT/GUARDIAN AFFIDAVIT

IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN ROSTER ON INVERSE PAGE. NOTE: FOR JUNIOR OLYMPIC DIVISIONS, VERIFICATIONS OF BIRTH DATE FOR EACH PLAYER MUST BE ATTACHED (i.e., Birth Certificate, Baptismal Certificate or Hospital Certificate may be used.) Legible photo copies will be accepted. I HEREBY GIVE PERMISSION TO THE TEAM MANAGER, INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYERS WHICH I AM EITHER PARENT OR LEGAL GUARDIAN, IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. On behalf of the minor player, I hereby incorporate by reference and agree to comply with the policies stated in the affidavit. I also hereby give permission to USA Softball and its local associations to use in any and all publications that they may desire, all pictures taken of the minor player in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

RELEASE OF LIABILITY & INDEMNIFICATION

I further agree to abide by the rules and regulations of the Port Huron Recreation Department and the above League. I also agree not to play on any other team in the P.H.C.S.A. League within the same division without board approval. Each player on this team understands that Port Huron Competitive Sports Association does not provide medical or liability insurance for the teams or players. Should any team or player suffer any injury during the season, the player is responsible for these injuries and all medical costs. I hereby waive all claims that I might have against the City of Port Huron and/or the City Recreation Department, Port Huron Competitive Sports Association or the Umpire Assoc. arising out of any injury I may sustain while participating in this league. I further agree to take full responsibility for: (1) any injuries that I may sustain, and (2) obtaining health or players insurance.

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above mentioned team and after receiving USA Softball's Official Rules of Softball, and after being duly sworn, depose and say that all the information supplied above is correct to the best of my knowledge and that all the players signed the reverse side in their handwriting and they are eligible to compete with my team in the Championship Play of USA Softball and agree to be bound by the rules of USA Softball as contained in the USA Softball Code and USA Softball's Official Rules of Softball.

Manager's Name (Print): _____ Manager's Signature: _____

Manager's Street Address: _____ City: _____ State: _____ Zip: _____

Main Phone: _____ Alt. Phone: _____ Email: _____

P.H.C.S.A. SOFTBALL OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM

20____ Year PHCSA LEAGUE ROSTER

Year

Team Name

City and State

Division and 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 the 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.

Note: Team accident insurance is not provided for USA Softball National Championship play. USA Softball has made available the voluntary purchase of team accident insurance. See your league commissioner for more information.

PR	PRINT PLAYER'S NAME	DATE OF BIRTH	ADULT PLAYER OR PARENT/GUARDIAN SIGNATURE	BONAFIDE RESIDENCE (Street, City, State, Zip)	E-MAIL ADDRESS (OPTIONAL)	INITIALS*
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