

IDAHO AMATUER SOFTBALL ASSOCIATION

TEAM NAME _____ MANAGER'S 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, field owners and/or Amateur Softball Association

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

YEAR: _____ ASA DIST# _____

DIVISION _____ CLASSIFICATION _____

CITY: _____

FIELD OWNER _____

PLAYER'S FULL NAME(<i>PRINT</i>)	ADDRESS/CITY/ZIP	PHONE	PLAYER SIGNATURE
1.			I HAVE READ THIS RELEASE
2.			I HAVE READ THIS RELEASE
3.			I HAVE READ THIS RELEASE
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19.			I HAVE READ THIS RELEASE
20.			I HAVE READ THIS RELEASE

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 _____