USSSA Slow Pitch Softball Waiver / Release of Liability & Official Church Team Roster

Team Name: _____ Team is from: _____

Check One:

☐MEN'S CHURCH CLASS "A" TEAM ☐MEN'S CHURCH CLASS "B" TEAM ☐MEN'S CHURCH CLASS "C" TEAM ☐MEN'S CHURCH CLASS "D" TEAM ☐WOMEN'S CHURCH TEAM ☐MIXED CHURCH TEAM

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the UNITED STATES SPECIALTY SPORTS ASSOCIATION athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both know and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume all full responsibility for the participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe and unusual significant hazard during my presence or participation. I will remove myself from participation and bring such to the attention of the nearest official immediately: and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE USSSA. Their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or less or damage to person or property. WHATEVER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISKAGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANDTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Player Name	DOB	Signature		Player Name	DOB	Signature

Note: Non-playing managers should not be listed as a player.

Mangers

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____

Work Phone: _____

Email:_____

_____

MANAGER'S SIGNATURE DATE

CHURCH MEMBERSHIP VERIFICATION: This is to certify that each player listed on this roster has been an active participant in the Worship Services of the above Church.

Pastor or Minister

Print Name:_____

Signature:_____

Address: _____

Pastor or Minister's Phone

Office:_____ Cell:_____