ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM

20___ ASA OFFICIAL NATIONAL CHAMPIONSHIP 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 ASA Drug Control Procedures and Policies as provided in the ASA Code.

NOTE: Team accident insurance is not provided for ASA National Championship play. ASA has made available the voluntary purchase of team accident insurance. See your ASA commissioner for information.

***By initialing in the column below, you acknowledge you have read and understand the liability waiver and player affidavit information on the reverse side.**

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

2015 GREAT FALLS PARK AND RECREATION SOFTBALL PROGRAM –

Fill out completely front & back

Year 2015

Div.

ASA Dist. # 5

League

City GREAT FALLS

Team Name: _____ **Manager Name:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h): _____ **Phone (w):** _____

PLAYER WAIVER, RELASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

We, the undersigned, hereby agree to abide by all rules and regulations set up by the Park and Recreation Department, the Mt. Softball Association and the ASA. We further agree to accept complete responsibility in maters of any physical injury or loss that might result from participation in games, practices, or travel to or from such activity. We further agree that in the event of such injury or loss, there will be no liability on the part of the Great Falls Park and Recreation Department, the Montana Softball Association, the ASA, or any of the sponsoring bodies or of any group or agency associated in the sponsorship of this activity.

NAME (print)	ADDRESS	CITY	PHONE	DATE OF BIRTH	PLAYER'S SIGNATURE (Signature)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

DISTRICT COMMISSIONER _____ DATE _____ STATE COMMISSIONER _____ DATE