BEN GEREN SOFTBALL ASSOCIATION TEAM ROSTER

Coaches Name: _____

Address/City/state/Zip:_____

Phone: _____ E-Mail: _____

Pastor's Signature (Church League Only) _____

PLEASE READ BEFORE SIGNING
In consideration of being allowed to participate in any way in the BEN GEREN SOFTBALL ASSOCIATION sports program, and the UNITED STATES SPECIALITY SPORTS ASSOCIATION and 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 for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and, **2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,** **3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any 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 BEN GEREN SOFTBALL ASSOCIATION, THE UNITED STATES SPECIALTY SPORTS ASSOCIATION, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLAYER'S LEGIBLY PRINTED NAME	BIRTHDATE	PLAYERS SIGNATURE

TEAM MANAGER'S AFFIDAVIT - I, the manager of the above team, do hearby state that all of the information supplied is correct to the best of my knowledge and that all of the players signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in the BEN GEREN SOFTBALL Program in accordance with the BEN GEREN SOFTBALL/USSSA rules governing that sport.

IMPORTANT - Each player must have in their possession acceptable photo ID at all times in case of player protest.

MANAGER'S SIGNATURE: _____ DATE: _____