TOWN OF DRYDEN CO-ED SOFTBALL LEAGUE
(ASA) ROSTER FROM

ASA PLAYER WAIVER, RELEASE OF LIABILITY/INDEMNIFICATION

AGREEMENT AND SANCTIONED LEAGUE

TEAM MEMBERSHIP APPLICATION

Please type or print and complete all entries below. All entries must identically match those previously submitted to the Town of Dryden Recreation Department, which is the governing body of the league which your team competes and is registered.

Team Name _____ **Team Sponsor**_____

Team Manager _____ **Address** _____

City _____ **State** _____ **Zip** _____ **Phone H** _____ **W**,_____

HOLD HARMLESS WAIVER OF LIABILITY: 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, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. 3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death. 4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited 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, the undersigned player, agree that in consideration for the right to play ASA member of the team designated above and in consideration for permission to play on the fields arranged for by the team or league: 1. I voluntarily elect to accept and assume all risks of injury 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 during practice or play by other teams or by both players on my team, and (c) while on or upon the premises 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 league designated above, the field owner or other entity designated above, the ASA, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or ASA for any claim, damages, costs 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 the parties hereby released.

PRINT OR TYPE NAME	PLAYER'S SIGNATURE	CITY/STATE	E-MAIL ADDRESS

Roster is limited to a maximum of 20 players. Roster limits include player/manager. **Statement of Team Manager: I** hereby certify that our team is in good standing with the ASA and each player appearing on this form qualifies under the eligibility rules which govern our local sports community play. I understand that if our team is not ASA registered it must do so prior to commencing tournament play. I also understand that violation of the eligibility rules will result in automatic disqualification from ASA league play and may result in suspension from tournament play.

Team Managers Signature _____ **Date**,_____