

SOUTH CAROLINA AMATEUR SOFTBALL ASSOCIATION - OFFICIAL ROSTER / WAIVER FORM

In consideration of being allowed to participate (including observing) any program, event and/or activity associated with the Amateur Softball Association of America, Inc. ("ASA"), the undersigned Player hereby acknowledges and agrees that: (1) I am eligible to be a member of the team. I am allowed to play on only one team within a division during the season, and this is the team I have selected. I believe that I am in good health with no condition that would prevent my participation. (2) I will comply with the terms, conditions and requirements for participation, including ASA Playing Rules and the ASA Code. If I observe any unusual or significant hazard during my participation, I will remove myself from participation and I will ensure the nearest official is informed immediately. I will refrain from unsportsmanlike conduct, use of foul language, unnecessary/unwanted criticism of fellow players, fans, coaches and umpires. (3) There are certain risks associated with bat and ball sports such as softball/baseball, that can cause serious injury, disability, death, loss and damage, regardless of what safety measures are taken. I knowingly, voluntarily and freely assume all such risks, whether reasonably foreseeable, known or unknown, even if arising from the negligence of the ASA Group. I assume full responsibility for all such risks and for my participation. (4) Release: I hereby release, waive, absolve, discharge, and agree not to sue the ASA Group and its members, teams, organizers, sponsors, supervisors, participants, volunteers, umpires, independent contractors, officers, officials, agents, servants, local associations, leagues, field owners/leases, employees, or any entity connected therewith ("ASA Group"), for any present or future claim, damages, costs or cause of action or whatever name or nature I may have as a result of injury, death, loss, or damage to person or property sustained or incurred by me from whatever cause, including the negligence, breach of contract, or wrongful conduct of the ASA Group (Released Claims). I also agree to fully indemnify and hold harmless the ASA Group from all such Released Claims. (5) My name and any photographs or visual depictions of me (including reproductions) may be used by the ASA Group in any manner whatsoever consistent with its mission and purpose. I will follow all rules and regulations of the ASA Group, including the Drug Control Procedures and Policies in the ASA Code, and will abide by their decisions. (6) I consent for the ASA Group to, provide me with medical care, or other treatment, or medical emergency services; and to obtain medical care for me from a licensed physician, hospital or clinic for injury or illness. I hereby authorize release of any medical information reasonably necessary to facilitate medical care or treatment for my benefit. (7) I have read the above agreement, understand its terms, understand that I have given up substantial rights by signing this agreement and voluntarily sign it without any inducement, and sign it for myself and on behalf of my heirs, assigns, next of kin, estate, and personal representatives. I verify that the information supplied on this roster is correct to the best of my knowledge. (8) Parent/Guardian of each youth player must sign below, and by signing hereby (a) verifies I have legal responsibility for Player on the same numbered line; (b) verifies Player's date of birth is correct; (c) gives my approval for Player to participate; (d) gives my permission for the ASA Group to obtain medical treatment for Player in the event I am unavailable and medical treatment is required; (e) consents and agrees to Players release to the ASA Group as provided above; (f) agrees to all of the statements provided above for myself and on behalf of my heirs, assigns, next of kin, estate and personal representatives. (9) I understand team insurance is not provided for any ASA event. I understand ASA has made available the voluntary purchase of team insurance.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION.

Team Name	City State	Division Class	Team Number
MANAGERS INFORMATION			
#	Please print players name		
1	Manager's Name		
2	Mailing Address		
3	City/St/Zip		
4	E-mail		
5	Res. Phone		
6	At. Phone		
7	I am the manager of the above mentioned team. After being first duly sworn, depose and say that all the information supplied above is correct to the best of my knowledge and that all the players signed the above in their own handwriting and they are eligible to compete with my team in ASA Championship play and agree to be bound by the rules of the ASA as contained in the ASA Code. Also, by playing in this tournament our team agrees to the bat rules and will not hold SC ASA, the tournament directors, or complex liable in case of an accident.		
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19	Manager's Signature		
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