



**MINNESOTA ASA/USA PLAYER WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT
ADULT INVITATIONAL TOURNAMENT TEAM MEMBERSHIP APPLICATION**

PLEASE FILL THIS ENTIRE FORM OUT AS LEGIBLY AS POSSIBLE

Team Name:								
Team League:								
Team Division:	CESP	CSP	MFP	MMP	MMSP	MSP	SSP	WSP
Team Classification:	Super	Open	A	B	C	D	E/Rec	
Manager Name:								
Manager E-Mail:								
Manager Cell Phone:								
Manager Signature:								
Team Division List: CESP Co-Ed Slow Pitch - CSP Church Slow Pitch - MFP Men's Fast Pitch - MMP Men's Modified Pitch - MMSP Men's Masters Slow Pitch (Over 35) - MSP Men's Slow Pitch - SSP Senior Slow Pitch (Over 50) - WSP Women's Slow Pitch								

PLAYER STATEMENT EACH PLAYER SHALL READ THE FOLLOWING STATEMENTS BEFORE SIGNING THE ROSTER. I am a member in good standing of the above team and I am eligible under local sports community and ASA eligibility rules to compete with this team in local sports community and ASA tournament play. I understand that I may participate in only one ASA post-season tournament in the same division of play and my signature may appear on only one post-season tournament roster in the same division of play. I agree to abide by the rules and regulations established for local sports community and ASA play.

HOLD HARMLESS WAIVER OF LIABILITY: I, the undersigned player, acknowledge, agree and understand that: 1. I elect to participate as a member of the softball team and league indicated above, voluntarily and of my own free will. 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 as a 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 Minnesota Amateur Softball Association, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Minnesota Amateur Softball Association 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.

NO.	PLAYER RATING	PLAYER NAME	CITY, STATE	SIGNATURE
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STATEMENT OF THE 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 could result in automatic disqualification from ASA registered tournament play and may result in suspension from league play.

ATTENTION SANCTIONED TOURNAMENT DIRECTOR: Use this waiver/roster form for all teams that are not current ASA member teams and are playing in your tournament. This roster must be accompanied by \$30.00 team membership fee. Staple the check to this roster and remit to Minnesota ASA.

TEAM MANAGER: Once this roster is turned into the state it will be audited and posted. You can get your new official roster off of the Minnesota ASA website.