

OFFICIAL LEAGUE ROSTER

LIABILITY WAIVER

I, the signed player, or the parent or legal guardian of a minor named on this roster, 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 below. **2.)** I understand that there are certain risks and hazards involved in participating in softball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the act of pitching, throwing, fielding, and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players or with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I agree that in consideration for right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: **1.)** I voluntarily elect or accept and solely assume all risk of damages, injury, including death, 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 or observer during practice or play by other teams or by other players on my team, and **(c)** while on or upon the premise of any and all fields arranged for by my team or league for practice or play. **2.)** I release, discharge and agree not to sue the team or Greater Keene Men's Softball Association (GKMSA) or any owner or lessee of fields on which softball is played or practiced by my team or the GKMSA, or their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, league, field, or the GKMSA for any claim, damages, cost 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 these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released. **I ACKNOWLEDGE I HAVE READ AND I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.**

PLAYER AFFIDAVIT

EACH PLAYER SHOULD READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING INVERSE PAGE.

I am a member of and in good standing with this softball team and I am eligible to compete with this team in league play of the GKMSA. I understand that I may play on only one team roster within a division during the season in GKMSA league play and this is the team which I have elected to play for this season. In consideration of my being permitted to compete, I hereby give permission to the GKMSA to use in any and all publications that they may desire, all pictures taken of the undersigned in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

PARENT/GUARDIAN AFFIDAVIT

IF A MINOR WISHES TO PLAY IN GKMSA, THEIR PARENT OR LEGAL GUARDIAN MUST SIGN THE ROSTER ON INVERSE PAGE AND INCLUDE A LETTER OF APPROVAL GRANTING PERMISSION FOR SAID MINOR TO PLAY SOFTBALL IN GKMSA. I HEREBY GIVE PERMISSION TO THE TEAM MANAGER INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR WHICH I AM EITHER PARENT OR LEGAL GUARDIAN, IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED.

****NO PERSON UNDER THE AGE OF 14 YEARS OLD SHALL BE PERMITTED TO BE PLAY IN THE GKMSA****

I also hereby give permission to the GKMSA to use in any and all publications that they may desire, all pictures taken of the minor in their publicizing the game of softball. I hereby subscribe my name in the column for signatures (on inverse page) and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above mentioned team and after being first duty sworn, depose and say that all the information supplied on this form is correct to the best of my knowledge and that all the players signed the roster in their own handwriting and they are eligible to compete with my team in GKMSA league play and agree to be bound by the rules of the GKMSA as contained in the GKMSA Constitution, Bylaws, and GKMSA's Official Rules of Softball.

Manager's Name (Print) _____ Manager's Address: Street _____ City _____ State _____ Zip _____

Manager's Phone: (Home) _____ (Office/Mobile Phone) _____

_____ Date _____

Manager's Signature

GKMSA Division of Play

GKMSA EXECUTIVE BOARD STATEMENT

ALL OF THE INFORMATION PROVIDED ON THIS ROSTER IS CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ Date _____

Signature of GKMSA President or Designee