## ${\tt USSSA~\&~WASHINGTON~STATE~AMATEUR~ATHLETIC~WAIVER/RELEASE~OF~LIABILITY~\&~ROSTER}$

ANNUAL FEES: ADULT TEAMS \$40.00 -League \$55.00 USSSA/GSL Tournament Teams \$25.00 Pick Up Teams

Complete the items and mail to: USSSA WASHINGTON STATE, P.O. BOX 31089, SEATTLE, WA 98103

Ph: (206) 789-9133 FAX: (206) 789-1659 Web: http://www.washingtonusssa.com Email: washingtonusssa@gmail.com

TEAM NAME:			Name Las	Season:	
	(Limit to 29 Characters with space	es)			
Manager's Name: _			H	ome Ph: ()	
Address:			Cell Ph: ()		
				Zip:	
	WOMENS_			tion:	
-				TATES SPECIALTY SPORTS ASSO	
and USSSA WASHING The risk of injury from personal discipline may I KNOWINGLY AND and assume full respon I willingly agree to con participation, I will ren I, for myself and on bel SPORTS ASSOCIATION sponsors, advertisers, a DEATH, or loss or dan I HAVE READ TH I HAVE GE	GTON STATE DIVISION athletic/ the activities involved in the progra- y reduce this risk, the risk of serious by FREELY ASSUME ALL SUCH F sibility for my participation; and, mply with the stated and customary nove myself from participation and half of my heirs, assigns, personal r ON (USSSA) and USSSA WASHII and, if applicable, owners and lessor mage to person or property, WHETH HIS RELEASE OF LIABILITY A VEN UP SUBSTANTIAL RIGHT USSSA INSURANCE progra	sports program, related events a am is significant, including the p is injury does exist; and, RISKS, both known and unknown terms and conditions for particip bring such to the attention of the representatives and next of kin, HNGTON STATE DIVISION, the rs of premises used to conduct the HER ARISING FROM THE NEW AND ASSUMPTION OF RISK IS BY SIGNING IT, AND SIG	and activities, the undersigner potential for permanent paral in, EVEN IF ARISING FRO pation. If however I observe the nearest official immediately HEREBY RELEASE AND Feir officers, officials, agents the event ('Releasees'), WITH GLIGENCE OF THE RELEX AGREEMENT, FULLY IN IT FREELY AND VOLIdual must be 18 years of the patients of the property of the	d acknowledges, appreciates, and agree ysis and death, and while particular rul M THE NEGLIGENCE OF THE REL any unusual significant hazard during y; and, IOLD HARMLESS THE UNITED ST and/or employees, other participants, si RESPECT TO ANY AND ALL INJULASEES OR OTHERWISE.  UNDERSTAND ITS TERMS, UNDIVIDUATARILY WITHOUT ANY INDUST age to be eligible to participate.	es that: es, equipment, and EASEES or others, my presence or EATES SPECIALTY ponsoring agencies, JRY, DISABILITY, ERSTAND THAT UCEMENT.
	TYPE OR PRINT NAME	MUST READ AND SIGN	THIS WAIVER AND F	PLAYER'S SIGNATURE	
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TEAM MANAGER'S AF ELIGIBILITY RULES GO	FIDAVIT: THIS IS TO CERTIFY THA OVERNING U.S.S.S.A. SOFTBALL.	T THIS ROSTER DOES NOT INCL	UDE ANY ASSUMED NAME	S AND THAT EACH PLAYER CONFORM	
MANAGER'S SIGNATURE:			DATE:		