



DGSA OFFICIAL ROSTER, WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM

Team Name: _____ Date: _____

1. Each player or parent/guardian should read the statement on the 2nd page of this form.
2. Parent/Guardian signature should be on the same numbered line below as the minor player's name.

By Initialing in the "INITIALS" column, you acknowledge you have read and understand the liability waiver and player affidavit and/or parent/guardian affidavit information on the 2nd page of this form.

1.	PRINT or TYPE PLAYERS NAME	DATE of BIRTH	PLAYER or PARENT/GUARDIAN SIGNATURE	PLAYER RESIDENCE ADDRESS (street, city, state, zip)	PHONE	INITIALS*
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TEAM MANAGER AFFIDAVIT: I am the manager of the above noted team and, after receiving the Rules of the Danville Girls Softball Association (DGSA) and being duly sworn, do hereby depose and say that all the information supplied above is correct to the best of my knowledge and that all the players/parents/guardians signed the above in their handwriting and the players are eligible to compete with my team in the tournament play held by DGSA and agree to be bound by the rules of DGSA. I further acknowledge that any players added to my team after the submission of this roster will be required to submit to DGSA a signed player card prior to participating in any DGSA game.

LIABILITY WAIVER

I, the signed player or the parent or legal guardian of a minor player 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 indicated and the tournaments of the Danville Girls Softball Association ("DGSA").
- 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 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 agree that in consideration for the right to play as a member of the team designated and in consideration for permission to play on the field arranged for by the team or DGSA:

- 1) I voluntarily elect or accept and solely assume all risk of damages and injury, including death, incurred or suffered by me while:
 - a) practicing or playing as a member of the team so designated.
 - b) 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.
 - c) practicing or playing on or upon the premise of any and all of the fields arranged for by my team or DGSA for practice or play.
- 2) I release, discharge and agree not to sue the team and/or DGSA or any owner or lessee of fields on which softball is played or practiced by my team or the DGSA, or their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, field or DGSA 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 THAT I HAVE READ AND THAT 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 ROSTER PAGE.

I have received the DGSA Rules and I understand and agree to be bound by the rules of DGSA. I am a member/player in good standing of the softball team indicated on the roster page and I am eligible to compete with this team in the play of DGSA. I understand and agree that DGSA, through associated officers or umpires, has the right to take permanent possession of a bat that has been determined to be altered. In consideration of my being permitted to compete, I hereby give permission to the DGSA to use in any and all publications, 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 PLAYER IS A MINOR, A PARENT OR LEGAL GUARDIAN MUST SIGN ROSTER.

AS THE PARENT OR LEGAL GUARDIAN SIGNING THIS ROSTER, I HEREBY GIVE PERMISSION TO THE TEAM MANAGER, INDICATED IN THE TEAM MANAGER AFFIDAVIT SECTION, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYER(S) FOR WHICH I AM EITHER PARENT OR LEGAL GUARDIAN IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. On behalf of the minor player, I hereby incorporate by reference and agree to comply with the policies stated in the Player Affidavit. I also hereby give permission to DGSA to use in any and all publications and/or all pictures taken of the minor player 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.**