



CITY OF MIDWEST CITY – PARKS & RECREATION DEPARTMENT
SLOWPITCH SOFTBALL WAIVER/ RELEASE OF LIABILITY
OFFICIAL TEAM ROSTER
WWW.OKLAHOMAUSSA.NET

PLEASE READ BEFORE SIGNING!

In consideration of being allowed to participate in any way in the UNITED STATES SPECIALTY SPORTS ASSOCIATION athletic/ sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE UNITED STATES SPECIALTY SPORTS ASSOCIATION, their officers, officials, agents and/ or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (" Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Players Full Name PRINTED	PHONE NUMBER	BIRTHDATE	SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
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17.			
18.			
19.			
20.			

Team Name: _____ State Registration Number: _____ Classification: _____

Managers NAME: _____ Managers EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Managers HOME PH: _____ CELL PH: _____ WORK PH: _____

NOTE: Non- playing managers should not be listed as a player.

MANAGER'S VERIFICATION: This is to certify that this roster does not include any assumed names and that each player conforms to eligibility rule governing USSSA Softball.

MANAGER'S SIGNATURE

DATE

STATE/ AREA DIRECTOR'S APPROVAL & CERTIFICATION OF CLASSIFICATION:

I hereby certify that the individual classification of players on this roster is correct. I further certify that this team is registered as a USSSA Team.

APPROVED BY: _____ USSSA SLOW PITCH STATE OR AREA DIRECTOR