

SOFTBALL SAN DIEGO - ADULT SOFTBALL ROSTER

MANAGER'S NAME: _____ TEAM NAME: _____

(Circle One each question)

- TYPE OF LEAGUE: Coed 3-Pitch Coed Slo-Pitch Men's Slo-Pitch Women's 3-Pitch

- LOCATION: HOURGLASS CANYONSIDE MIRA MESA REC

- DAY OF LEAGUE: M T W TH F SUN - DIVISION (If applicable): B C D

**** Please Complete ALL Information CLEARLY - INCLUDING BACK SIDE ****

	PRINT NAME	ADDRESS	CITY/ZIP	DAY PHONE
1.	MANAGER: _____	_____	_____	()
2.	_____	_____	_____	()
3.	_____	_____	_____	()
4.	_____	_____	_____	()
5.	_____	_____	_____	()
6.	_____	_____	_____	()
7.	_____	_____	_____	()
8.	_____	_____	_____	()
9.	_____	_____	_____	()
10.	_____	_____	_____	()
11.	_____	_____	_____	()
12.	_____	_____	_____	()
13.	_____	_____	_____	()
14.	_____	_____	_____	()
15.	_____	_____	_____	()
16.	_____	_____	_____	()
17.	_____	_____	_____	()
18.	_____	_____	_____	()
19.	_____	_____	_____	()
20.	_____	_____	_____	()

I understand that no medical or health insurance is provided by this league. I have notified all players listed on this roster that they are responsible to provide their own medical or health insurance and they are participating at their own risk.

Manager's Printed Name: _____ Day Phone: () _____

Manager's Signature: _____ Date: / /

- SEE BACK SIDE -

THIS RELEASE MUST BE SIGNED & INITIALED BY ALL PLAYERS LISTED ON THE ROSTER:

I, the undersigned, am aware that the **ACTIVITY OF SOFTBALL INVOLVES NUMEROUS RISKS OF INJURY, INCLUDING DEATH, AND I FREELY ASSUME THOSE RISKS.** [ALL SIGNATURES BELOW MUST INITIAL]:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____

I am voluntarily choosing to participate in the City of San Diego Park and Recreation Department adult softball program and related events and activities. As lawful consideration for permission to participate in the adult softball program and related events and activities, and for permission to use Park and Recreation Department facilities, **I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NOT TO SUE THE CITY OF SAN DIEGO**, its officers, agents, and employees, and the Amateur Softball Association, its agents, officers, and umpires, for any and all injuries, including death, or property damage caused by or resulting from my participation in the adult softball program and related events and activities whether or not such injury, death, or property damage was caused by alleged negligence.

I agree that this AGREEMENT AND RELEASE OF LIABILITY is intended to be as broad and inclusive as is permitted by law. Any provision found to be invalid or unenforceable by a court shall not affect the validity or enforceability of any other provision.

I agree to inspect the facilities and equipment to be used and accept them "as is," or, if I believe any facility or piece of equipment to be unsafe, I will immediately advise my manager, supervisor, or other person in charge of the activity of the unsafe condition and refuse to participate in the activity.

I am aware of the rules and policies of this adult softball league. I am aware that violation of the rules or policies could result in my suspension from the league. I am playing in an amateur league and agree that I shall accept no direct or indirect remuneration for playing in the league.

I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT. I AM VOLUNTARILY SIGNING THIS AGREEMENT AND IT IS INTENDED TO BE BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, AND ASSIGNS.

*** ALL PRINTED NAMES MUST HAVE A CORRESPONDING SIGNATURE AND INITIAL ABOVE***

PRINT or TYPE First & Last Name	SIGNATURE
1. MANAGER: _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____