IDAHO AMATEUR SOFTBALL ASSOCIATION

YEAR _____ ASA DIST.# _____
DIV. _____ CLASS _____

TEAM NAME _____ LEAGUE _____
MANAGER'S NAME _____ ADDRESS _____ CITY _____
CITY _____ ST _____ ZIP _____ PHONE(H) _____ (W) _____ FIELD OWNER _____

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the undersigned player, 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 above.
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players.
3. I release, discharge and agree not to sue the team, umpires, field owners and/or Amateur Softball Association.

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

PLAYER NAME	ADDRESS/ZIP	PHONE	PLAYER SIGNATURE

ADDITIONS OR DELETIONS TO THIS ROSTER MUST BE FILED ON PROPER FORM NO LATER THAN JULY 1 OR PARTICIPATING

MANAGER SIGNATURE _____ DATE _____

COMMISSIONER SIGNATURE _____ PHONE _____ DATE _____