USSSA SLOW PITCH SOFTBALL WAIVER/RELEASE OF LIABILITY & OFFICIAL CORPORATE TEAM ROSTER

NAME OF TEAM: _____ TEAM IS FROM: _____

CHECK ONE: ____ MENS CORPORATE CLASS "A" TEAM ____ MEN'S CORPORATE CLASS "B" TEAM ____ WOMEN'S CORPORATE TEAM

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 ("Releasees"), 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 LIABILTY AND ASSUMPTION OF RISK AGREEM ENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLAYER NAME	SOCIAL SECURITY #	PLAYER SIGNATURE	PLAYER NAME	SOCIAL SECURITY #	PLAYER SIGNATURE
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

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

MANAGERS NAME: _____ MAILING ADDRESS: _____
CITY: _____ STATE: ___ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____

USSSA SLOW PITCH STATE/AREA DIRECTOR'S APPROVAL

APPROVED BY: _____ _____
USSSA SLOW PITCH STATE OR AREA DIRECTOR DATE

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 Slow Pitch Corporate Teams.

_____ _____
MANAGER'S SIGNATURE DATE

EMPLOYMENT VERIFICATION: This is to certify that each player listed on this roster is a bonafide full time employee of the above team sponsor and further certifies that each player has been employed for at least 60 continuous days prior to the day of this tournament.

_____ _____
PERSONNEL DEPARTMENT SIGNATURE DATE