

Tulsa Parks TASA Adult Softball League Rosters

Carl Smith Sports Complex



TEAM NAME	
REGISTRATION NUMBER	
MANAGER PHONE	MANAGER NAME:
CLASS:	ADDRESS:
DATE FROZEN:	CITY, ST, ZIP:

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the UNITED STATES SPECIALTY SPORTS ASSOCIATION athletics/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 lessees of the 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.

(+) Indicates player added AFTER the roster was frozen. (-) Indicates player dropped AFTER the roster was frozen.

	PRINT PLAYER NAME	DATE OF BIRTH DD-MM-YYYY	PHONE NUMBER	PLAYER SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
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10				
11				
12				
13				
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15				
16				
17				
*18				
*19				
*20				

TEAM MANAGER'S AFFIDAVIT - I, the manager of the above team, do hereby state that all of the information supplied is correct to the best of my knowledge and that all of the players signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in the USSSA Program in accordance with the USSSA rules governing that sport.

MANAGER'S SIGNATURE: _____ DATE: _____

IMPORTANT - Each team manager shall be responsible to keep legal copies of driver's licenses, etc., at all times in case of protest.
USSSA DIRECTOR'S APPROVAL - The above team is registered with the USSSA and has qualified to participate in this event.

SIGNED: _____ DATE: _____
USSSA STATE DIRECTOR