



Team Name: _____ Manager Name: _____ Phone: _____

League: Coed Men's Women's Season: Spring Summer Fall

2020 Florissant Parks and Recreation Leagues

READ BEFORE SIGNING:

In consideration of being allowed to participate in any way in the USSSA Baseball 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. The risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof, does exist and it is impossible to eliminate the risk that I could become infected through contact with or close proximity to an individual with a communicable disease:
3. 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,
4. 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
5. 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, there 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 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.

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: _____

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

USSSA SLOW PITCH SOFTBALL WAIVER / RELEASE OF LIABILITY, OFFICIAL TEAM ROSTER & TOURNAMENT ENTRY FORM

Players Full Name Printed	Signature	Date of Birth
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