NORTHERN CALIFORNIA USSSA
2008 ROSTER/WAIVER FORM

(Please Print or Type all Information)

2008 TEAM NAME:_____ 2007 TEAM NAME:_____

Manager's Name:_____ Home Phone:_____

Address:_____ Work Phone:_____

City:_____ State:_____ Zip:_____

Program:_____ Classification:_____

Team Manager's Affidavit: This is to certify that this roster does not include any assumed names and that each player conforms to the eligibility rules governing USSSA softball.

Manager's Signature:_____ Date:_____

PLEASE READ BEFORE SIGNING: In consideration of being allowed to participate in the United States Specialty Sports Association (USSSA), Northern California USSSA and California USSSA, athletic/sports programs, related events and activities, the above/below signed acknowledges that:

1. The risk of injury for 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 this 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 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 or my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE UNITED STATES SPECIALTY SPORTS ASSOCIATION (USSSA), NORTHERN CALIFORNIA USSSA AND CALIFORNIA USSSA, 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 LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND** ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

ALL PARTICIPANTS MUST READ AND SIGN THIS WAIVER AND RELEASE OF LIABILITY.

TYPE OR PRINT NAME	DATE OF BIRTH	SIGNATURE