Player Waiver, Release of Liability and Indemnification Agreement Roster

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 below.
- 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 including, but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants.
- 3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death.
- 4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of team designated below and in consideration for permission to play on the fields arranged for by the team or league:

- 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
- 2. I release, discharge and agree not to sue the team and league

mateur Softball Assoc gents, servants, assoc onnected with the tear f America for any clain ave or may in the futur ustained or incurred by mited to the negligence	esignated below, the fieldowner or other entity designated below, the mateur Softball Association of America, or their owners, officers, gents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not mitted to the negligence, breach of contract or wrongful conduct of the arties hereby released.						
Name of Team	Name of League	Field Owner or Other Entity					

DOYLESTOWN WOOD BAT LEAGUE ROSTER FORM - 2021 - ASA - DISTRICT 15

TEAM NAME:		_TEAM CAPTAIN NAME	i:	
****COVID-19: The nove Organization. COVID-19 those engaged in Sport a sound mind and body ac	el coronavirus ("COVI is extremely contagion are not immune from eknowledge that they	D-19"), has been declared ous and is believed to spr COVID-19 or the associa are fully aware of the risk	d a worldwide pandemic by read mainly from person-to- ated risks thereof. The unde as involved by participating o	the World Health person contact, and rsigned by being of during this pandemic.
I ACKNOWLEDGE THAT I H	AVE READ AND THAT	I UNDERSTAND EACH AND	D EVERY ONE OF THE PROVI O AGREE TO ABIDE BY THEM.	SIONS IN THIS
NAME OF PLAYER(Print)	STREET ADDRESS	CITY, STATE & ZIP CODE	SIGNATURE OF PLAYER	DATE