

OFFICIAL DOUGLAS COUNTY GIRLS SOFTBALL ROSTER

LIABILITY WAIVER

I, the signed player or the parent or legal guardian of a minor player named on this roster, 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 including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition 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 agree that in consideration for right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1.) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, 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 or observer during practice or play by other teams or by other players on my team, and(c)while on or upon the premise 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/or league designated below or any owner or leasee of fields on which softball is played or practiced by my team or Douglas County Girls Softball ("DCGS"), or their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, league, field or DCGS for any claim, damages, cost 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 limited to the negligence, breach of contract or wrongful conduct of these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

PLAYER AFFIDAVIT

EACH PLAYER SHOULD READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING INVERSE PAGE. I have received the DCGS's Official Rules of Softball and I understand and agree to be bound by the rules of DCGS. I am a member in good standing of this softball team and I am eligible to compete with this team in the championship play of the DCGS. I understand that I may play on only one team within a division during the season in DCGS championship play and this is the team which I have elected to play for this season. I understand and agree that DCGS has the right to take permanent possession of a bat that has been determined to be altered. In consideration of my being permitted to compete, I hereby give permission to the DCGS and its local associations to use in any and all publications that they may desire, all pictures taken of the undersigned in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

PARENT/GUARDIAN AFFIDAVIT

IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN ROSTER ON INVERSE PAGE. NOTE: FOR JUNIOR OLYMPIC DIVISIONS, VERIFICATIONS OF BIRTH DATE FOR EACH PLAYER MUST BE ATTACHED (i.e., Birth Certificate, Baptismal Certificate or Hospital Certificate may be used.) Legible photocopies will be accepted. I HEREBY GIVE PERMISSION TO THE TEAM MANAGER INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYERS WHICH I AM EITHER PARENT OR LEGAL GUARDIAN; IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. On behalf of the minor player, I hereby incorporate by reference and agree to comply with the policies stated in the affidavit.

I also hereby give permission to the DCGS and its local associations to use in any and all publications that they may desire, all pictures taken of the minor player in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge. I am the manager of the above mentioned team and after receiving the DCGS's Official Rules of Softball, and after being duly sworn, deposed and say that all the information supplied above is correct to the best of my knowledge and that all the players signed the above in their handwriting and they are eligible to compete with my team in the championship play of the DCGS and agree to be bound by the rules of DCGS as contained in the DCGS Code and DCGS's Official Rules of Softball.

Manager's Name (Print) _____ Manager's signature: _____
Street _____
City _____ State _____ Zip _____
Home Phone _____
Office/Mobile Phone _____
Email _____

OFFICIAL DOUGLAS COUTNY GIRLS SOFTBALL ROSTER

OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM

2015 **DCGS OFFICIAL ROSTER** Team Name: _____

- 1) Each player should read the statement on opposite side before completing and signing this roster.
- 2) Parents/Guardians signature should be on the same numbered line below as the players' name.

By Initialing in the column below, you acknowledge you have read and understand the liability waiver and player affidavit information on the reverse side.

PRINT OR TYPE PLAYER'S NAME	DATE OF BIRTH	PLAYER or PARENT/GUARDIAN SIGNATURE	BONAFIDE RESIDENCE (street, City, State, Zip)	EMAIL ADDRESS (optional)	INITIALS*
1.					
2.					
3.					
4.					
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