



SSA Official Roster and Waiver Form Instructions

FORM DUE: This form is due on or before June 15, 2015.

FILLING THE FORM OUT: The roster form can be filled out on your computer by placing the cursor in the highlighted fields and typing in all information. It is preferred that the forms be filled in this way to allow for them to be more legible. Handwritten forms are acceptable. Don't forget to fill out the manager information on the bottom of page 3.

SAVING AND EMAILING THE FORM: To save the roster form on your computer, click on the Save Roster button. Choose a location on your computer, and then simply email your roster file to rosters@ssasoftball.com.

PRINTING THE FORM: To print your roster, click on the Print Form button. It will open your computer's print menu. Please be sure that the document is being printed in landscape mode, and not portrait. This will allow for maximum form space.

MAIL THE FORM: If you prefer not to submit the form via email, SSA Roster forms can be postal mailed to George J. Vournazos at 10309 S. Washington, Oak Lawn, IL 60453, or delivered in person to any SSA Board Member.

EMAIL CONTACT: Questions regarding this form and any SSA procedural issue may be emailed to the SSA at SSA2011@comcast.net

SSA OFFICIAL ROSTER AND WAIVER FORM

Year: _____ **Team Name:** _____ **City & State** _____

PLEASE NOTE: All players and parents or guardians of minors must read the front and back of this form. Player or parent or guardian must agree to the terms and conditions on the back of this form and must sign the form where indicated as a condition to participation in any SSA sanctioned tournament or event. Player's, parent's or guardian's signature is acknowledgment that he or she has read the terms and conditions contained herein and that they understand and agree to said terms and conditions. Parent or guardian must sign on behalf of all minors.

Player's Name (Print)	Birth Date	Player's Residence Address	Email Address or Phone	Signature
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				

TERMS AND CONDITION FOR PARTICIPATION IN SSA TOURNAMENTS OR EVENTS

Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player or parent or guardian, acknowledge, agree and understand that:

1. I have voluntarily and of my own free will elected to participate or to have my son, daughter, or minor player under my guardianship participate as a member of the softball team named on the front page of this SSA Official Roster and Waiver Form in various Slow-Pitch Softball Association (hereinafter "SSA") tournaments or events. I further acknowledge that as a condition of participation I have read and understand this form. I understand that by signing this form I am agreeing to all the term and conditions contained herein.

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. I further 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 into a base, 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 player or parent or guardian, agree that in consideration for the right to play as a member of the softball team a named on the front page of this SSA Official Roster and Waiver Form and in consideration for permission to play in any SSA tournament or event and on any and all fields arranged for by the SSA, that I agree to the following terms and conditions:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me or the minor player on whose behalf I have signed this SSA Official Roster and Waiver Form (a) while practicing or playing as a member of the team designated on the front page of this form at any SSA tournament or event or field arranged for by the SSA; (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, the SSA, the field owner or other entity, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, the SSA, or the field 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 limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

3. I further agree to indemnify the team, the SSA, the field owner or other entity, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, the SSA, or the field for any damage or harm that I may cause that may lead to any legal action or claim against the team, the SSA, the field owner or other entity, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, the SSA, or the field. I further agree that this release shall be governed by the laws of the State of Illinois.

4. I further agree to allow the SSA to use my name or any likeness or image of me, whether in photographic, digital or video format, for broadcast or publicity purposes.

Team Manager Verification: I agree and acknowledge that I have presented this form to all the players, parents and guardians of the team members and they had ample opportunity to read and review the form. I further state that all the players, parents and guardians have in fact signed this form.

Team Manager (Printed Name): _____

Team Manager Signature: _____

Address of Team Manager: _____

Team Manager Telephone No.: _____