



FIRST PITCH BASEBALL INC. AND USSSA BASEBALL WAIVER FORM
AND RELEASE OF LIABILITY & OFFICIAL TEAM ROSTER

NAME OF TEAM: _____ TEAM TOWN: _____

USSSA SANCTION NUMBER: _____ Team Hotel Name: _____ Coach cell: _____

Please submit, with parents signatures, at Team Check-In one hour before first game.
Insurance certificate NOT needed.

Team Classification - Please Check One: _____ Major Team _____ Class "AAA" Team _____ Class "AA" Team _____ Class "A" Team

Age Group - Please Check One: _____ 9U _____ 10U _____ 11U _____ 12U _____ 13U _____ 14U _____ 16U

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. 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 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 of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE UNITED STATES SPECIALTY SPORTS ASSOCIATION, Champaign Park District, First Pitch Baseball Inc, Champaign Unit 4 School District, Urbana Park District, Po' Boys BBQ Sports Complex, Parkland College, their officers, officials, agents and/or employees, other participants, sponsoring agencies, 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. PARENTS / GUARDIANS SIGNATURE SHOULD BE ON THE SAME NUMBERED LINE AS PLAYER'S NAME APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements and verifies that the date of birth is correct. Parent or legal guardian of each youth player must sign below. FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as parent / legal guardian with legal responsibility for this participant, do consent and agree to his / her release as provided above all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

PLAYER NAME (please print)	DOB	PLAYERS SIGNATURE	PARENT/GUARDIAN SIGNATURE	RELATIONSHIP
1.		N/A	I HAVE READ THIS RELEASE	
2.		N/A	I HAVE READ THIS RELEASE	
3.		N/A	I HAVE READ THIS RELEASE	
4.		N/A	I HAVE READ THIS RELEASE	
5.		N/A	I HAVE READ THIS RELEASE	
6.		N/A	I HAVE READ THIS RELEASE	
7.		N/A	I HAVE READ THIS RELEASE	
8.		N/A	I HAVE READ THIS RELEASE	
9.		N/A	I HAVE READ THIS RELEASE	
10.		N/A	I HAVE READ THIS RELEASE	
11.		N/A	I HAVE READ THIS RELEASE	
12.		N/A	I HAVE READ THIS RELEASE	
13.		N/A	I HAVE READ THIS RELEASE	
14.		N/A	I HAVE READ THIS RELEASE	
15.		N/A	I HAVE READ THIS RELEASE	

TEAM MANAGER'S AFFIDAVIT: I, the manager/coach of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all parents or guardians signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in the USSSA Baseball Program in accordance with the USSSA rules governing baseball.

MANAGER'S SIGNATURE _____ Managers Cell _____ Date _____