

# PORTLAND METROPOLITAN SOFTBALL ASSOCIATION ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION



Division/Classification

City/State

Team Name

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 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 other players. Further, I agree that in consideration for the right to play as a member of the team designated below and in consideration 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 designed, (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 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/or league designated below or any owner or lessee of fields on which softball is played or practiced by my team or the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with that team, league, field or the ASA of America for any claim, damages, costs or cause of action which I have or may have in the future 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, wrongful conduct of the 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 damages, injuries or death are caused in whole or 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.

I hereby agree and contract in consideration of the acceptance to fully comply with the Constitution, Bylaws, Rules and Regulations of the Portland Metropolitan Softball Association in consideration of the services rendered and to be rendered. This waiver applies to the City of Portland Parks and Recreation Portland Metropolitan Softball Association and to the sponsors of teams, including any and all officers and employees of said City or said Organizations.

**\*PLAYER MUST INITIAL AFTER SIGNATURE**

I am the manager of the above named team and to the best of my knowledge, say that all of the players listed, signed the list in their handwriting and they are eligible to complete with my team in the championship play of the ASA and agree to be bound by the rules of ASA as contained in the ASA code and the Procedural Codes.

Manager Name (print) \_\_\_\_\_  
 Manager Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 H Phone \_\_\_\_\_ W Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

COMMISSIONER AFFIDAVIT  
 ALL OF THE INFORMATION ON THIS ROSTER IS  
 CORRECT TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
 SIGNATURE OF STATE/METRO COMMISSIONER

\_\_\_\_\_  
 STATE/METRO ASSOCIATION & REGION #



**MAIL OR FAX TO: Delta Sports Complex, 10737 N Union Court Portland OR 97217  
 PHONE: (503) 823-1656 FAX: (503) 823-1655**

Print Player's Name	Player's Signature	*Initials	Date	Home Address & City	ZIP CODE	Phone #	Player Class
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